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ABSTRACT

The history of the Southern Council on Collegiate Education for Nursing (SCCEN) is presented in the following chapters: (1) "Postwar Nursing and Nursing Education"; (2) "Southern Nurses Press for Regional Action"; (3) "The Structure of the Council: Stability in the Face of Change"; (4) "The World of the Council: Its Constituency and Support"; and (5) "The Work of the Council." The following are appended: Statement of Institutional Participation, Bylaws, Memorandum of Agreement between the Southern Council on Collegiate Education for Nursing and the Southern Regional Education Board, and a list of committees and their members. Contains 54 references. (KM)

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SOUTHERN COUNCIL ON COLLEGIATE EDUCATION FOR NURSING

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The First 25 Years of the Southern Council on Collegiate Education for Nursing (SCCEN)

Barbara B. Reitt

SOUTHERN COUNCIL ON COLLEGIATE EDUCATION FOR NURSING
592 Tenth Street, N.W.
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Preface

The Southern Council on Collegiate Education for Nursing faced choices in setting a date to celebrate its beginnings. Its roots go back to the early Fifties, when the young Southern Regional Education Board (SREB), pioneering as the nation's first interstate compact for higher education, worked with baccalaureate nursing schools in a historic accomplishment—developing master's programs on a regional basis. The pattern was established in those years for all the collegiate nursing institutions to participate fully in regional cooperative planning, and to participate on an institutional, not individual, basis.

In 1962, SREB and the collegiate nursing programs enlarged their efforts from focusing on graduate education to considering a broad range of issues in nursing education and research. The need for a formal communication network among the institutions and between SREB and the institutions prompted the formation of the SREB Council on Collegiate Education for Nursing. The Council's name was deliberately chosen because the nurse educators, and SREB, wanted to avoid a name that lent itself to an acronym and could lead to an organization of individual nurses.

After the Council's first meeting in 1963, it spent the next decade developing in a marsupial-like relationship with its parent, SREB—nourished by grants, strengthened by accomplishments, and enlarging in size as the number of nursing programs grew. The year 1975 marked the Council's independence as a self-supporting organization; the years since have seen a continuation of the goals of cooperative regional planning that characterized its origins.

Always an organization of institutions rather individuals, the Council has nevertheless been guided, steered, and championed by many committed individuals, and the history of each of these persons is an integral part of the Council's history. Council Chairman Cora S. Balmat and the Executive Committee wrestled with the problem of listing the individuals, the schools they represented, and the accomplishments of the various committees and special consultants who have played such a vital role in the Council's efforts. Concluding that this historical account of the Council's first quarter century would of necessity be kept to a reasonable length, a conscious decision was made to include that information in a future updating rather than in this broader history.

Audrey F. Spector
Executive Director
Southern Council on Collegiate Education for Nursing

Prologue

On Wednesday, October 30, 1963, 54 nursing school deans and directors assembled in Clearwater, Florida, to hold the first official meeting of the Council on Collegiate Education for Nursing (later, the Southern Council on Collegiate Education for Nursing, or SCCEN). The nurse educators and their three guests—Dr. A. J. Brumbaugh, consultant in educational planning to the Southern Regional Education Board (SREB) in Atlanta; Lucile Petry Leone, chief nurse of the U.S. Public Health Service; and Inez Haynes, general director of the National League for Nursing—were to spend the next three days discussing the planning of higher education for nurses.

Those discussions would culminate in the development of guidelines for statewide planning in nursing education by a task force and in the publication by SREB of Leone's *Statewide Planning for Nursing Education* (1967). However, the meeting itself would culminate in much more.

This was but the first of many such meetings to come, the beginning of a tradition. What prompted these people to come together in the first place? Why the concern about planning for nursing education? What would keep nurse educators coming back, despite the inconvenience and even the expense of attending, the competing pressures of busy schedules at home? Why return, when meetings were tiring, even on occasion discouraging or frustrating?

The answers are implicit in the story of the organization that emerged. This publication, which tells that story, is issued by the Southern Council on Collegiate Education for Nursing on the occasion of its twenty-fifth anniversary. It is a story rich in achievement.

Chapter 1
Postwar Nursing and Nursing Education

The National Scene

The end of World War II found the nation's health care system sorely in need of reform and development. Civilian health care had stood on the sidelines while the military received most of the money, personnel, and attention. Now, the health care needs of private citizens were again at the forefront. As the nation moved to meet those needs, the health care professions all began to undergo important changes. For nursing the changes came in five areas:

1. As the health care system experienced unprecedented growth during the 10 years after the war, health care education was increasingly federalized. Nurse educators began to interact more with government at the federal level.

2. Acute nursing shortages that accompanied the explosive growth of health care invited short-term solutions with long-term consequences for the relations of nurses with other providers of health care.

3. An increasingly assertive professionalism propelled nursing, accompanied by a stronger than ever push to move nursing education from the halls of the nation's hospitals to college campuses.

4. Professional nursing reorganized during the postwar decade, reassembling the smaller national organizations into the two major institutions of today—the American Nurses' Association (ANA) and the National League for Nursing (NLN).

5. And, finally, postwar nursing began to tie an increasing portion of its education to a new institution in higher education, the community or junior college.

Not only did these developments have profound consequences for the nursing profession, they powerfully influenced the regional nursing organizations that emerged during the 1950s and 1960s.

The Federalization of Health Care and Nursing

Responding to civilian health needs, President Harry Truman in November 1945 put before Congress a national health program unprecedented in its sweep: He proposed federal grants for hospital construction, the expansion of public health services, federal grants for medical and nursing education and research, plus the establishment of a national insurance program to cover medical care and expansion of the Social Security system to cover wages lost because of sickness and disability. The bill did not pass, but individual portions of Truman's program continued to be debated on into the early 1950s (Kalisch & Kalisch, 1978, pp. 512, 514). One portion of the Truman program was enacted quickly; in 1946 the Hill-Burton Act passed. Its purpose was the development of an integrated, balanced system of hospitals for the nation; the program provided joint funding of hospital construction by the states and the federal government. In the first six years of the program the nation gained 88,000 new hospital beds (Kalisch & Kalisch, 1978, p. 536).

The Nursing Shortage

Although the nation's postwar hospital facilities were growing, its nursing population was not. Despite the long-awaited return of the military nurses, the nation suffered acute nursing shortages in the late 1940s (Kalisch & Kalisch, 1978, p. 493). The Social Security Administration estimated in 1948 that the nation lacked 40,000 nurses (p. 499), and acute shortages persisted into 1950 (p. 523). A number of factors explained the shortage: Health facilities and services were expanding under the stimulus of new funding, the demand for services was growing as the acutely ill were surviving and more women were delivering their babies in hospitals; the population generally was increasingly urban and more inclined to use hospitals. But most important of all was the unfortunate fact that nursing was attracting fewer young women.

Ironically, the war that had prompted the first legislation concerning nursing education (the Bolton Act, which instituted the Cadet Nurse Corps in 1943) and that had provided employment for women in new fields had also rendered traditional women's occupations such as nursing less attractive. Postwar nursing school enrollments were shrinking, as women sought training in other fields. The pay for hospital nursing was poor compared with that for other less arduous and more prestigious jobs. Hospital nursing, especially, was accorded little status, and nursing generally suffered from low self-esteem (Kalisch & Kalisch, 1978, p. 494).

What is more, the professionalism of nursing was threatened. Some hospitals, responding to the acute nursing shortage, began to use nursing auxiliaries—for example, volunteers who had been trained by the Red

Cross for stopgap purposes during the war. These people were assigned duties and paid at levels that threatened the integrity of professional nursing (Kalisch & Kalisch, 1978, pp. 503-504). In addition, practical nursing was growing, and Licensed Practical Nurses (LPNs) also were being used in unprecedented ways, not only on the floor but also in the operating room. In 1945 LPNs accounted for 56 percent of all nursing, professional and nonprofessional combined. What alarmed nursing professionals most was that at this time practical nursing was largely unregulated: only 19 states had laws regarding LPN practice, and LPN licensure was required in only one state (Kalisch & Kalisch, 1978, p. 505).

Nursing Professionalism and Higher Education

These were also years of controversy for the nursing profession, which often found itself at odds with organized medicine and hospital administration—implicitly over many health policies, explicitly over one issue crucial to the profession: whether nursing education should be based in hospitals or in colleges and universities. The so-called Brown report of 1948 became the focal point of this quarrel. At the prompting of the National Nursing Council (Bixler, 1953), Esther Lucille Brown of the Russell Sage Foundation research staff—she was not herself a nurse—undertook a survey of nursing education. At the completion of her study she recommended far-reaching changes in nursing practice and education in a report entitled *Nursing for the Future*. The report asserted that the nation must support nursing education at the same level it was already supporting teacher education. Brown criticized the authoritarianism of the hospital schools and identified the poor state of nursing education as the central problem in nursing. At the time, 91 percent of the nation's nursing schools were owned and operated by hospitals. The Brown report recommended that basic nursing education be moved to the nation's colleges and universities. It also called for inspection of existing schools and widespread publication of the results—in short, accreditation (Kalisch & Kalisch, 1978, pp. 507-508).

The report drew strong opposition from many physicians and hospital administrators. The American Hospital Association president, for example, attacked the report as "trade unionism" (Kalisch & Kalisch, 1978, p. 510) and the American College of Surgeons argued that professional nursing was putting patient care second to the general educational improvement of the nurse and that it was imperative to initiate action that would free nursing of the control of nursing organizations (p. 502).

Following publication of the Brown report in 1948, the nursing organizations (the ANA, the National League for Nursing Education [NLNE], the American Association of Industrial Nurses, and the National Organization of Public Health Nurses [NOPHN]) formed the Committee to

Implement the Brown Report, later renamed the National Committee for the Improvement of Nursing Services, which conducted a formal study of the nation's nursing schools. On the basis of responses to its questionnaire, the committee ranked schools in three groups and asserted that all of the nation's 114 collegiate schools of nursing ranked in the top two levels (Kalisch & Kalisch, 1978, p. 511). The findings were published in 1950 under the title *Nursing Schools at the Mid-century;* the effort represented the beginnings of nursing school accreditation in the United States.

It did not take a report from reform-minded nurses to reveal that nursing education was in trouble. Student enrollments in all types of nursing programs suffered alarming drops: from 130,909 in 1945 down to 94,133 in 1947. Moreover, in 1948, of the 380,500 active Registered Nurses (RNs) in the nation, only 4,400 were full-time instructors (Kalisch & Kalisch, 1978, pp. 501, 498). Such acute shortages of qualified teachers would plague nursing education for many years to come.

Many leaders in health care agreed that federal funding for education in the health professions was necessary. But federal funding for nursing education would not come easily. Through 1955, federal funds were made available to nursing education only in the fields of psychiatric and public health nursing. Aid for RNs to study full-time in preparation for administration and teaching in all nursing fields would not be available until 1956, under Title II of the Health Amendments Act (Kalisch & Kalisch, 1978, pp. 516-18, 591).

The Reorganization of the Profession

During the postwar period, the national nursing organizations, recognizing the need to present a stronger front in national politics, began to reorganize and unite. In 1951, ANA established a Washington office and geared up for more assertive lobbying of Congress (Mason & Talbott, 1986, p. 15). ANA and the National Association of Colored Graduate Nurses joined forces to form a new ANA, a change that had been initiated in 1947 (Carnegie, 1986, p. 71). Meanwhile, NLNE, NOPHN, the Association of Collegiate Schools of Nursing, and four other nurses' organizations merged to form the new National League for Nursing (NLN).

At its national convention in 1950, ANA tabled a proposal that it oppose national health insurance but asserted once again that nursing education "should be the charge of the educational institutions of the country," indeed, should be an integral part of higher education, and that it should include at least two years of general collegiate education (Kalisch & Kalisch, 1978, p. 538). During the early 1950s it became increasingly apparent how modest this goal was, considering the profession's needs. In 1954 it was estimated that although 20 percent of all jobs held by RNs

required education at the master's level, only 1 percent of all RNs even held that degree. Another 30 percent of those jobs required at least the baccalaureate degree, and yet only 7.2 percent of the nation's RNs held that degree—and not always in nursing (p. 591). Organized nursing may have failed to mark out a clear strategy regarding national health policy, but it had set clear educational goals at the half-century point.

The Emergence of the Community College

One other change was barely coming into view during the postwar decade. Latecomer though it was, it was one of the most potent. In 1950, Mildred L. Montag wrote a dissertation that launched a revolutionary change in nursing education. She proposed that some nurses be educated not at hospitals nor at four-year colleges but in two-year collegiate programs (an idea rooted in the experience of the emergencies of the war). Nurses so educated she named "technical" nurses. The programs she delineated would lead to the associate degree in nursing, and would usually be located in the community or junior colleges just then beginning to mushroom across the country. It was an idea whose time had come, it seemed. Montag's proposal, tested first in pilot programs underwritten by the W.K. Kellogg Foundation, caught on, in the early years most notably in New York, California, and Florida. This newcomer to nursing education, lauded by many and anathema to many others, would have serious consequences for the profession for years to come. It introduced into the already heated discussions surrounding nursing education a new, complicating element: now there were *three* types of nursing schools preparing young people for licensure as RNs, and *two* types of RNs being referred to. The titles for the types of nurses would become at times as hot an issue as anything nursing had ever seen.

By the early 1950s it was obvious that the growing needs of the health care system combined with the lack of common views regarding nursing education among the different constituencies in health care augured a difficult time ahead for professional nursing. No group would face a rougher storm than the nursing schools of the South. Here, nurses and their schools struggled not only with the problems facing all American nursing schools but also dilemmas peculiar to the region. The social turmoil of the 1950s in the South would provide the unlikely setting for the emergence of a revolutionary idea—cooperation at the regional level to improve higher education and thus solve acute social and economic problems. By adopting the regional approach, the nurses of the South would begin to find answers that had long evaded nursing at the national level.

The Southern Situation

Overview of the Problems

In the late 1940s and early 1950s Southern nursing schools coped not only with the shrinking enrollments, the faculty shortages, and the urgency fueling the explosive growth of the health care system that plagued all American nursing schools, they also faced the intense pressures of fundamental change then taking place in the South's economy and way of life. When World War II ended, the South was already changing. Its traditional agrarian economy was shrinking and becoming more diversified. Industrialization was now ascendant. Southern life was becoming more urban, as people migrated to the city to find work. And as the new industries flourished, the middle class grew, increasing the demand on all the social systems of the region. The postwar years saw the beginning of the end of the racial caste system that had so long marked the South; Dewey Grantham called it "the most cataclysmic change of the postwar period" (1968, p. 10).

Public institutions—universities, colleges, and hospitals—were confronted by seemingly insurmountable problems after the war. For the South, the problem was not merely that many veterans were returning; it was also that the region itself was growing rapidly. The South experienced an overall 9 percent rise in population during the 1940s. Only three states had seen declines, and Florida grew by an astonishing 46 percent (Bixler, appendix 6, in McGlothlin, p. 100)

The universities and colleges, overwhelmed by the number of students seeking admission, had to find ways to catch up on building programs halted by the war. Even worse was the shortage of qualified scholars to serve on the faculties; graduate school output had been severely curtailed during the war years, and the South's graduate and professional schools were not producing their "proportionate share of creditable scholars," according to one writer (Campbell, p. 6). The region had no truly distinguished centers of research to compete with those of other parts of the nation, and many leaders in education worried that in the rush to meet the press of new demands, Southern colleges and universities would develop in a disorderly and wasteful fashion. The growth in graduate education was indeed explosive—where there had been 10,500 graduate students in 1940 there were more than three times that many in 1950, 34,000 (Bixler, 1953, p. 10). But the South, chronically behind the rest of the nation, lagged here, too; of the South's college students, 5.5 percent were in graduate school, whereas the national figure was 9 percent. One observer summed up the situation: the South was "about ten years behind the nation" (Bixler, 1953, p. 11).

Most acutely in need, of course, were the historically black institutions. Southern blacks had for years received inadequate public schooling in a dual system that appalled many critics. For education beyond the secondary level, the black community had depended on religious groups and foundations for support. But such support can be unstable, and even one of the strongest of the Southern black colleges, Meharry, entered the postwar period with its very survival in doubt. The problem was money, of course, but an even more fundamental problem for black colleges and universities was the difficulty of engaging the concern of the wider community.

The wider community was divided over the racial issue. Nursing education, like the rest of education, was still rigidly segregated. In state after state, black codes dating from before World War I mandated separate educational institutions for blacks and whites. A 1944 survey of black nursing schools, conducted for the U.S. surgeon general by Estelle Massey Riddle (Osborne) and Rita E. Miller (Dargan), revealed that conditions in the Southern schools had not changed since the Depression, when earlier surveys had reported that some were "so poor as to make one question how they can possibly meet the standards" of a state board (Carnegie, 1986, pp. 26-27).

Reprehensible and expensive as its segregated approach was, however, the South's system of higher education provided a strong foundation on which to build. Some nursing schools in traditionally black colleges, especially those with long histories, could meet national standards. Four among the strongest converted from diploma to baccalaureate programs just before or after World War II—Florida A&M College in 1936, Meharry in 1947, Tuskegee Institute in 1948, Prairie View A&M University in 1952 (Carnegie, 1986, p. 27). Meharry converted its program in 1947 but closed it in 1962. Other, new baccalaureate programs instituted at traditionally black schools before the 1954 *Brown* decision were Dillard (1942), Hampton Institute (1944), North Carolina A&T (1953), and Winston-Salem State College (1954) (Carnegie, 1986, pp. 29-32).

Not only education, but health care too was still segregated by law throughout most of the region immediately following the war. Southern hospitals faced, in addition to the problems endemic to all the nation's hospitals during these years, the added strain of running duplicate services. Where blacks were not treated in wholly separate institutions, they were treated in segregated wards. The system, so deeply imbedded in the region's ways, extracted a heavy price, for it forced communities that could ill afford it to establish two facilities for every one that otherwise would have been required. But by the late 1940s and early 1950s the days of such expensive duplication were numbered.

Organized nursing was also deeply divided by race. Just before World

War II most of the Southern state nursing associations still did not admit black RNs to membership. The state associations in Delaware, Florida, and Maryland were the first in the South to admit blacks, beginning in 1942 (Carnegie, 1986, p. 70). In 1961 Georgia, the last state association in the nation to do so, finally lowered its racial bar (p. 75).

In sum, at mid-century, black and white RNs in the South shared virtually nothing as colleagues. They were educated in different schools; they practiced nursing in isolation from one another; and they tended to cling to a system of separateness in the structure of their professional organizations.

The South Organizes for Development and Reform

As a region, however, despite its burden of racial prejudice, the South had an advantage. It was the most self-conscious of all the regions in the nation. It was firmly rooted in a strong religious tradition. It enjoyed the advantages of political cohesiveness, negatively reflected at times in the stranglehold of single-party politics or in its tenacious resistance to what it saw as the encroachment of federal authority, but positively reflected in such institutions as the Southern Governors' Conference, the first of such groups to be established (McGlothlin, 1953, p. 1). The South boasted scholars of the likes of Rupert Vance and Howard Odum of the University of North Carolina, who wrote widely about the theoretical underpinnings of regionalism, and it established practical experience in social, political, and economic regionalism with the Tennessee Valley Authority, for example. The South's regional efforts in educational development would have a strong foundation on which to build.

The Southern governors agreed that the region sorely needed to improve its graduate and professional education, but that the goals they had in mind could not be reached on a state-by-state basis. "They wished to see the South look at its needs, identify the facilities required to meet those needs, and then create the needed facilities without needless duplication. They set an ideal of cooperation among states and universities rather than excessive competition" (McGlothlin, 1953, p. 2). Having reached agreement on the basic idea at their 1947 meeting in Asheville, North Carolina, the governors signed a formal compact—the nation's first interstate compact for the advancement of education—in early 1948 in Wakulla Springs, Florida. A temporary corporation, the Regional Council for Education, was established to begin work while the proposed compact was brought before the separate state legislatures for their approval. By June 1949, 10 of the 14 states had formally approved the plan, and the Southern Regional Education Board (SREB) was officially established.[1]

[1]The 14 original states were Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia.

Funded by appropriations from member states and led by the governors and an interracial assemblage of educators and political leaders appointed by the governors, SREB was intended not as a sponsor of educational institutions but as a means of promoting regional cooperation among existing institutions. To that end SREB would assemble the facts, study them, and recommend legislative action to member states.

SREB at first promoted interstate cooperation primarily by two methods. One was to execute contracts by which states desiring educational services in specific professional fields might contract with other states who would provide them. Thus, under the terms of individual contracts, a specified number of students in a field could attend out-of-state universities while the student's home state provided funding to the receiving institutions. The second method was the memorandum of agreement, which did not involve student quotas or the transfer of funds. Instead, working through SREB, the universities stated their intention of working together so that one might develop one phase of an advanced program while another might develop complementary phases. Other forms of cooperation were devised under the memorandums of agreement: the development of joint fellowship funds, joint laboratory and field facilities, joint research, faculty exchanges, and the like (McGlothlin, 1953, pp. 2-4). The region's organization for nursing educators, the Southern Council on Collegiate Education for Nursing (SCCEN),[2] born under SREB aegis, would itself ultimately be associated with SREB under terms of a memorandum of agreement.

From the outset the governors were concerned about the region's public services, and whether its higher educational institutions were productive enough to supply its health care system. In 1948, when SREB was still known as the Regional Council for Education, it appointed a Commission on Medical and Related Training; nursing was represented by Mrs. M.E.L. Carnegie of Florida A&M in Tallahassee and Dean Frances Helen Ziegler of the Vanderbilt School of Nursing in Nashville. The commission's subcommittee on nursing education, headed by Ziegler, recommended in its report entitled "Nursing Education, Needs and Facilities" that among other things the Southern states establish at least one professional school of nursing in each state and develop graduate programs at a few regional centers. The Regional Council took no immediate action largely because regional action at this date seemed premature. Too much, it was argued, still needed to be accomplished within the individual states (McGlothlin, 1953, pp. 5-6).

Southern nursing leaders knew all too well that the regions's acute problems in the education of professional nurses would make regional

[2]The Council underwent several changes in name, the most recent in 1980, when the word "Southern" was added. For the sake of simplicity, the group is called "the Council" throughout this publication.

effort necessary. And eventually SREB *would* become involved in the development of nursing education, thanks to the energy and determination of these people. But for now, it seemed that nursing must wait. The contracts system used by SREB had targeted medicine, dentistry, veterinary medicine, and social work specifically. These health fields, especially medicine and dentistry, were under pressure from the increasing numbers of students seeking such training. Because nursing presented quite different problems that could not be addressed by the contract system, only one nursing contract was ever written by SREB. Nursing education needed development, but to bring that about, new approaches needed to be devised.

Nursing education in the South lagged far behind nursing education nationally. Of the region's 282 state-approved nursing schools in 1949, only 24 led to the baccalaureate degree. Of these 24, 13 were located in just three states: Texas, Tennessee, and Virginia (McGlothlin, 1953, appendix by Bixler, p. 101), and three states—Arkansas, Kentucky, and Oklahoma—had no collegiate nursing programs whatever (Bixler et al., 1953, p. 9; Bixler, 1952, p. 7).

In 1950 of all the region's 282 nursing programs, only 152 were rated as acceptable by the interim system of accreditation then in place (Bixler, 1952, p. 7). By 1952 the number of collegiate programs in the South had risen somewhat, but only 11 of these had even applied for accreditation from the new National Nursing Accreditation Service (Bixler and Simmons, 1960, pp. 405; Bixler, 1952, p. 13). Most of the region's nursing education was offered in three-year diploma programs owned and operated by hospitals rather than by institutions of higher education. These programs were showing some improvement, according to Bixler et al. (1953), but the dominance of hospital-based programs continued to disturb the region's educational community. And last, to the consternation of all, in the entire South only two schools were offering graduate education for nurses—the University of Texas offered a master's degree in nursing administration, and the University of North Carolina offered a master's in public health nursing.

Given the lack of graduate nursing programs, the South had no way of supplying its nursing schools with sufficiently educated faculty members. "Teachers of nursing students need special and complete preparation," protested SREB's Dr. Genevieve K. Bixler in 1952 (p. 7). That something so obvious needed to be said betrays the seriousness of the situation; in no other health care occupation at the time would such a statement have been necessary. Moreover, in the early 1950s the situation was only getting worse. The better qualified instructors in the South were leaving the region, accepting "better paying positions in institutions offering more favorable opportunities," Bixler asserted (p. 61).

The South's nursing schools employed 1,828 instructors in 1949. Wholly 1,028 of them, or 56 percent, held no academic degree whatever. According to McGlothlin (1953, p. 48), the rate for the nation, though poor, was considerably better—45 percent. In other words, only 800 of the South's nursing instructors had completed collegiate degrees—654 the baccalaureate, a mere 146 the master's (Bixler, 1953, p. 10). Again, the region compared unfavorably with the nation as a whole: 11 percent of the nation's nursing instructors held at least the master's degree (McGlothlin, 1953, p. 23); only 8 percent of the South's instructors were as well prepared. To make things worse, turnover among nursing faculty was high—15 percent—and the region's hospital and collegiate nursing programs together were operating with an estimated 500 fewer faculty members than they needed (McGlothlin, 1953, p. 23).

Nursing school enrollment, down throughout the nation during the postwar years, was an acute problem in the South. The number of hospital beds rose, but the number of young people entering nursing continued to shrink, more precipitously in the South than anywhere else. In 1946, 68 of every 10,000 young people between the ages of 17 and 22 chose to enroll in nursing school; in the South only two states—Maryland and Virginia—bettered or neared that average, and seven Southern states reported averages under 40 per 10,000 (McGlothlin, 1953, p. 37). Academic excellence was no proof against shrinking enrollments. Vanderbilt's School of Nursing, for example, saw alarming enrollment drops following the war—from 224 students in 1946-47 to a mere 80 in 1949-50 (Conkin, 1985, p. 499).

The number of graduations from four-year programs rose slowly between 1946 and the early 1950s as the number of four-year programs rose slightly, but graduates of master's programs remained extremely rare—only three in 1950-51 (Bixler, 1952, p. 8). The region's disadvantage in comparison with the nation as a whole appeared in another report when in 1950 the National Committee for the Improvment of Nursing Services ranked nursing schools in three groups. In its judgment, 25 percent of the nation's nursing schools ranked in the top group, but only 16 percent of the South's schools were judged good enough to be designated as Group I programs (McGlothlin, 1953, p. 41).

Complicating—indeed, in part causing—the problems for nursing education in the South was its lingering burden of racism. In the late 1940s both social custom and public policy in the South were still racist. Some states continued to prohibit racial integration in schools and hospitals. It should be noted, however, that a few border states were beginning to move toward more open admissions policies in schools of nursing (Kalisch & Kalisch, 1978, p. 571). The region was not alone in racist admissions (Carnegie, 1986, pp. 17-20, 26-27). The majority of the nursing schools still prohibiting black enrollment after World War II were not located in the

South (Kalisch & Kalisch, 1978, p. 571). Nonetheless, it was becoming obvious that the South was not carrying its share of the obligation to educate black nurses. Of the nation's 160 nursing schools admitting blacks in 1949, only 28 were located in the South, though they enrolled over one-half of the nation's black nursing students. The overwhelming majority of these students—1,285 of 1,390—attended black-only schools (McGlothlin, 1953, p. 39).

The war did much to open opportunities for American blacks in all fields. The number of U.S. nursing schools admitting blacks rose from 42 in 1941 to 710 in 1954 (Kalisch & Kalisch, 1978, p. 571-72). The entry of the federal government into the financing of general nursing education was a powerful factor in the change. The creation of the Cadet Nurse Corps under the Bolton Act of 1943, a part of the war effort, provided the occasion. The corps staff included a black nurse educator on leave from Dillard University, Rita Miller, who was to assist black schools to participate in the Corps program and to encourage more black nursing students to enroll (Carnegie, 1986, p. 46). By September 1945 about 2,600 had done so (Kalisch & Kalisch, 1978, p. 561). Despite the progress that was made, admissions and graduations of blacks from nursing schools throughout the nation remained disproportionately low following the war—from a level below 2 percent in the 1940s, they rose only to about 2.5 percent in 1950 (Kalisch & Kalisch, 1978, p. 580). That year, only 6 percent of all graduate and student nurses in the United States were black.

After the end of the war most of the Southern states continued to operate segregated systems of higher education. Unable to afford duplicate systems all the way through the upper reaches of graduate and professional education, though, many states devised the alternative of awarding scholarships to send blacks to accredited graduate and professional schools out of state—most often, to Meharry (Campbell, 1968, p. 7). However, Meharry was facing a severe financial crisis, and its future seemed in doubt. When the Southern governors convened to discuss regional cooperation in education in 1947, the future of Meharry was one item of discussion on their agenda. Anticipating that some critics would suspect that regional cooperation would only be a cover for protecting segregation in higher education, the governors vowed to demonstrate that such was not their purpose (Campbell, 1968, p. 7). It was not long before the issue came to a test. A black woman applied for admission to the University of Maryland's nursing school, which instead of admitting her, planned to send her to Meharry under the terms of its nursing contract under SREB auspices. She sued, claiming her right to attend school in Maryland (*Esther McCreedy* v. *Harry Byrd, et al.*), and the newly formed SREB joined as friend of the court on her side, unequivocally asserting its intention not to allow its contracts system to be used to evade integration. The case was decided in 1950, against the university (Sugg & Jones, 1960, pp. 45-46).

At the half-century point the winds of change were beginning to blow. Pressure for liberalizing change was being exerted in all sectors of Southern life, and from all directions. The trends were clear to the governors and educators who created SREB. But their concerns went well beyond the impact of racial reform on the region's higher educational systems. Demographic and economic changes were also exerting strong pressure. The South needed to catch up to the rest of the nation, and to do that, it would have to work hard to improve its colleges and universities. Specifically, it would have to upgrade training in such fields as health care, because the region could thrive only if its public services could be improved. SREB, in essence, had a broad social mission (McGlothlin, 1953, p. 19).

The South's nursing leaders were quick to see that the emergence of SREB, given its social mission, presented them a precious opportunity to address their profession's educational problems.

Chapter 2
Southern Nurses Press for Regional Action

The First Regional Nursing Project

Undeterred by SREB's initial decision to await further development of nursing education within the separate states before launching regional programs, representatives of the state nursing leagues organized a regional organization of their own. One of their intentions was to bring pressure to bear on SREB on behalf of the nursing profession. The Southern Regional Conference of State Leagues of Nursing Education first met in Atlanta on April 1 and 2, 1949, to elect officers and to explore ways it could help meet the educational needs of nursing in the South. On November 11, 1950, it met again and asked SREB to appoint a commission in nursing education. It also asked SREB to employ a full-time staff member who would assemble data on nursing education (Bixler and Simmons, 1960, p. 2-4). Not long afterward a Regional Conference of Southern Collegiate Schools of Nursing also met and pressed SREB for action at the regional level (McGlothlin, 1953, p. 6). The existence of these groups showed how determined the nursing profession was to urge the higher educational establishment into action on its behalf. These nursing leaders foresaw the value of regional action; their efforts lay the groundwork for what would eventually become the Council.

In response to pressure from nursing leaders, SREB assembled a Committee on Nursing Education, which met in Atlanta October 9-10, 1951. The committee—not the "commission" the state leagues had sought—was headed by Dean Elizabeth L. Kemble of the University of North Carolina School of Nursing. Its mission was to assess the region's needs in nursing education and to advise SREB "on desirable and possible regional arrangements in nursing education" (McGlothlin, 1953, p. 14). The committee consisted of representatives of both collegiate and hospital nursing schools, of state boards of nursing examiners, of the National Committee for the Improvement of Nursing Service—that is, the national nursing leaders promoting the recommendations of the Brown report of 1948—as well as university and hospital administrators and public health officials. Representatives from the W.K. Kellogg Foundation, the Commonwealth Fund, and the Rockefeller Foundation attended as observers.

The committee identified the "most significant regional problem" in nursing—the lack of adequately trained instructors, supervisors, and administrators. It recommended that the region focus on solving this problem. Believing that nurses cannot function effectively as teachers or administrators without graduate education (Sugg and Jones, 1960, p. 69), the committee recommended first that representatives of Southern nursing schools meet "to consider . . . regional arrangements" to "provide for

master's degrees in nursing and nursing education." It further recommended that SREB and the universities establish a regional research center in nursing (McGlothlin, 1953, p. 7).

Plans for the research center ultimately had to be abandoned for lack of financial support, but the idea of convening representatives of the South's collegiate nursing schools and of their working toward a common regional goal was to catch on immediately. The committee designated itself an "advisory group" to SREB to help carry out the recommendations (McGlothlin, 1953, p. 31).

In mid-April 1952 deans of 22 of the South's schools of nursing met for several days. Once again consultants from private and public institutions and agencies that were potential sources of financial and logistical support also attended. This time the Kellogg, Rockefeller, and Commonwealth people were joined by a representative of the Russell Sage Foundation; state and federal public health officials were joined by the executive secretary of NLNE.

SREB associate director William J. McGlothlin and Dean Kemble led the meeting. McGlothlin explained SREB policies and procedures, and Kemble reviewed the findings and recommendations of her committee. The deans formed two working groups to further study the recommendations and to put forward their own (McGlothlin, 1953, pp. 66-67).

Using information assembled by SREB staff on the region's baccalaureate nursing programs and reviewing the recommendations of Kemble's committee, the working groups grappled with the thorny issues implicit in the development of new graduate programs and a research center. They worked out the criteria universities might use to decide whether to establish a master's in nursing program or a research center. Further, they evaluated the plans of schools that were considering master's programs.

Both subgroups recommended that SREB employ a staff member to research the feasibility of establishing new master's programs and then to direct their eventual development. They seconded the earlier committee's resolution that funds be sought from the universities, state and local public and private agencies, federal agencies, and private foundations (McGlothlin, 1953, appendix III).

The deans were intent on moving ahead. They asked that the minutes of Dean Kemble's group and of their own meeting be distributed as widely as possible throughout the South, and not just to nursing organizations. They agreed to meet again, if necessary. And they asked SREB to add their names to its mailing list. Cooperation among the region's collegiate nursing schools was well launched.

In June, SREB responded favorably to one request by hiring Genevieve K. Bixler as the SREB Consultant on Nursing Education. Dr. Bixler at the time was serving as consultant to the Western Reserve University School of Nursing. She had formerly served on the faculty at Columbia University. She also was a member of the advisory committee on nursing for the Kellogg Foundation and was a member of the board of directors of NLNE (McGlothlin, 1953, p. 8). She was well acquainted with regional efforts to improve Southern collegiate programs. The depth of her experience nationally would serve Southern nursing education well in coming years.

Dr. Bixler promptly began to convert the criteria worked out at the April sessions into a questionnaire to be sent to Southern universities, eliciting their interest in establishing new master's programs and assessing their resources for establishing a regional research center. McGlothlin of SREB and Julia Miller of NLNE met at League headquarters in New York to help Bixler write the questionnaire, which went to the schools before the end of June (McGlothlin, 1953, p. 9; see pp. 82-88 for the text of the questionnaire itself). Before the summer was half over, 11 schools had responded by stating their interest in developing master's programs; 7 indicated that they would be interested in mounting a research center. During the early fall of 1952, Dr. Bixler visited each school to obtain further information. By the time the deans of the collegiate programs met a second time, she was ready to report her findings.

Their meeting took place on October 10, 1952. This time, SREB asked that each institution's president appoint the representatives. Twenty-one schools were represented, as were the NLN (now no longer the NLNE), the Commonwealth Fund, and the U.S. Public Health Service. To the assembled nursing leaders Dr. Bixler presented her recommendation that five universities—the University of Alabama, the University of Maryland, the University of North Carolina, the University of Texas, and Vanderbilt University—be brought together to cooperatively plan five new master's degree programs. These programs would be complementary, not competitive, sharing the responsibility of meeting the South's needs for nurses educated at the graduate level. Bixler further recommended that the University of North Carolina be considered as the site for the research center. The deans readily accepted her recommendations, adding only that they wished to be certain that other schools might later be incorporated into the program if they met the qualifying criteria. In fact, Emory University was included only a few weeks later, bringing the participating schools to six.

On November 17, 1952, SREB in its annual meeting voted unanimously to endorse "the steps being taken by collegiate schools of the region in developing master's degree programs for nursing instructors and

supervisors and in establishing a research service which will be of aid to all the schools. The Board looks forward to the opportunity of executing memorandums of agreement with the universities involved" (McGlothlin, 1953, p. 10).

With SREB approval official, the six deans began work in earnest on the regional program. These people were Marjorie Bartholf, Dean of the University of Texas School of Nursing; Ada Fort, Dean of the Emory University School of Nursing; Florence M. Gipe, Dean of the University of Maryland School of Nursing; Julia Hereford, Dean of the Vanderbilt University School of Nursing; Florence A. Hixson, Dean of the University of Alabama School of Nursing; and Elizabeth L. Kemble, Dean of the University of North Carolina School of Nursing (McGlothlin, 1953, p. 133).

They met regularly, beginning November 24-25, 1952, to work out the details of the program. They were assisted by Bixler and McGlothlin, then Associate Director of Regional Programs at SREB. The deans began by working out a system of designating program emphases or specializations for each school, an approach that would prevent wasteful duplication. Negotiations among the school officials, Board staff members, and foundation officers also proceeded during late 1952 and early 1953, as funding for the project was being sought. Meeting again in March 1953, the deans worked out tentative budgets and began drafting formal proposals to the foundations (McGlothlin, 1953; Sugg and Jones, 1960, p. 7).

The project, funded jointly by the Kellogg Foundation and the Commonwealth Fund, came to be known as the Regional Project in Graduate Education and Research in Nursing. It was formally instituted in a memorandum of agreement signed in the summer of 1953. The committee of deans was called the Regional Committee on Graduate Education and Research in Nursing. The project continued for five years, from 1954 to 1959. All six new master's programs were in place and taking students by 1955. The creation of six new graduate-level programs for the region was itself a noteworthy achievement, of course, but their cooperative development, which included all the collegiate schools in the region and not just the six sponsoring universities, was unprecedented. The accomplishments of this revolutionary project are recounted in the final report and evaluation of the project, published by SREB in 1960 (Bixler and Simmons, 1960). Because our concern is with the roots of the Council, only those aspects of this project that influenced the later Council are described here.

Even the inception of the project foreshadowed later Council procedures. From the first, leaders in collegiate nursing education in the South came to SREB with certain goals firmly in mind. They saw no better way to achieve them than to work cooperatively. Their regional focus was

reinforced by the emergence of SREB, but it was apparently not the result of SREB effort. Furthermore, the eagerness of the nurses to tackle their problems regionally distinguished them from many of their professional and academic colleagues. The motives of the nursing educators, who so tenaciously linked their goals with SREB's, were distinctive. First, they were determined to widen the collegiate base for education in their field (as opposed to training located in the practice setting). Second, they were committed to improving their ability to fulfill a social mission, which the Southerners defined in terms of the needs of their region.

The nurses' commitments are hardly surprising, in light of the national situation in nursing. Many had noticed nursing's educational ambitiousness, but few had understood how inextricably it was tied to the second commitment, to nursing service. Better education, the nursing leaders knew, would make possible improved nursing service. Unlike the other health fields targeted specifically in SREB's earliest plans (for example, medicine, dentistry), nursing did not enjoy a long, well-established tradition of collegiate and graduate education or of professional standing. Nursing, in short, was something of an underdog and determined not to be overlooked. This fundamental stance, that improved higher education in nursing is the key to the professional nurse's contribution to society, has been the fuel driving the Council from the beginning.

Precursors of the Council

In their formal proposal outlining this initial nursing project, Bixler and the six deans made the following declaration:

> *It is highly important that the schools which expect to establish the graduate programs and the research institute have the opportunity to work together to assist each other in solving problems that are inherent in this kind of development. There are many problems related to curriculum, admission standards, relationships with other parts of the university, staffing, and degrees which can be aided materially by joint analysis. Furthermore, the significance of the program could be enhanced by associating with the university representatives, consultants of high competence in these various fields of concern, both from within the profession of nursing and from outside it. A series of planning and evaluation conferences can achieve these ends.*

Although the project concentrated on the creation of new programs, it also provided the heads of those programs with the means of working cooperatively on issues of mutual concern. The project thus created more than six new master's programs. It also created the precursor of the region's

Nursing Council in instituting the conference series. The declaration continued:

> *The conferences should begin a year prior to admission of students at any one of the universities and should be continued for at least two years thereafter. They should incorporate in their membership the deans of each of the schools of nursing and the directors of graduate programs in nursing and of the research institute. These would be the core persons of the planning and evaluation conferences. The conferences would be expanded as needed to include other administrators and persons in the medical and behavioral sciences at the various universities.*
>
> (Bixler et al., 1953, pp. 22-23)

The seminars were administered by the deans and Dr. Bixler. They set agendas, chose consultants, administered the funds, and set schedules for the series of meetings (Bixler and Simmons, 1960, p. 9). Here, truly, is the kernel of what would become the Council. As Dr. Bixler put it after the fact, it was the seminars that would "lend a truly regional character to the project" (Bixler and Simmons, 1960, p.9). The stated objectives for these meetings clearly anticipated the functions of the future Council:

1. *Assure the most effective program . . . by providing for stimulation and cross-fertilization among the schools. . . .*

2. *Provide consultation and advice by consultants...selected for their ability to make contributions to the thinking of the schools themselves.*

3. *Integrate the efforts of the schools of nursing with related schools and interests within each university. . . .*

4. *Suggest solutions for problems arising at each of the institutions.*

5. *Define means by which each of the schools can call upon the others for assistance as needed.*

6. *Effectively relate research and instruction. . . .*

7. *More clearly define the specializations at each institution.*

8. *Establish high standards of operation.*

(Bixler et al., 1953, p. 23; see also Bixler and Simmons, 1960, pp. 16-17)

The first conference or "seminar" (the series eventually came to be

called formally the Regional Seminar on Graduate Education and Research in Nursing) assembled the deans and directors of the participating nursing programs, along with the resource persons the committee had invited, for the week of July 27-31, 1953. The conferences typically filled a five-day week, and they were held every other month ([Sugg], 1956, p. 5). The frequency and duration of the meetings, as well as the fact that they were funded separately by the Commonwealth Fund (Kellogg was underwriting many of the costs of the new master's programs), clearly indicate how important they were in the minds of the project's planners. Because these meetings involved more than just the six deans and because they elicited a wider range of opinions, they came to be viewed by Dr. Bixler and the deans as a kind of advisory council, an "opportunity for study and interchange," that was vital to the success of the new master's programs (Bixler and Simmons, 1960, p. 12).

The meetings were not always held in Atlanta, but were rotated from one campus to another. Each session was devoted to "a major aspect of graduate nursing education" ([Sugg], 1956, p. 5). Subject areas included graduate curricula, appropriate field experience for graduate programs, the place of research in graduate programs, public health nursing, psychiatric nursing, the continuity in nursing education for better nursing care, and a variety of clinical topics appropriate to graduate-level nursing education (Bixler and Simmons, 1960, pp. 13-14). The seminars were often enriched by the contributions of consultants.

The series had a profound effect on the participants. Dr. Bixler reported that she saw evidence that "the deans are much easier in their relationships with the administrators on their campuses than when the programs began" (Bixler and Simmons, 1960, p. 31). The seminar enlarged their vision and provided them with direct access to the support of colleagues who were grappling with the same problems. The deans, consequently, administered their programs more effectively, a benefit that obviously reached well beyond the impact of the new master's programs. In fact, said Bixler, "So well known has the seminar in nursing...become that one notes reference to it frequently in the educational literature now." She added, "the techniques" of ongoing discussion had "permeated other SREB projects, as well as other nursing projects elsewhere in the country" (Bixler and Simmons, 1960, p. 20).

Success made expansion of the seminar series inevitable. In August 1955, at its tenth meeting, the seminar became a General Conference (as it was called) that was regional in scope. Representatives of all the collegiate nursing programs in the South were invited to attend, along with representatives of state boards of nursing examiners and others ([Sugg], 1956, p. 5). The purpose of this expanded meeting was to review the project to date and to spread as widely as possible throughout the region a full understanding

of the new master's programs that were about to open their doors. The keynote speaker was Lucile Petry Leone, Chief Nurse Officer of the U.S. Public Health Service (Bixler and Simmons, 1960, p. 34).

Meetings of the General Conference of the seminar were planned by a program committee, which usually keyed the two-day meetings to a talk by a keynoter of national repute. Participation in these meetings, as with previous gatherings, was by invitation from SREB. Those who attended paid their own way and despite this, attendance was good, usually about 200 people. In addition to the deans and directors of the new graduate programs, participants included faculty members of the master's programs, officers and other representatives of nursing agencies and organizations, such as the state boards of nursing registration and education, the state leagues for nursing, and the state nursing associations, state directors of public health nursing, and deans and directors of basic collegiate nursing programs from throughout the South. Sometimes allied health professions and hospital administration were also represented (Bixler and Simmons, 1960, p. 34).

The project's leaders viewed the General Conferences as a means of sharing the "values" of the seminar with many more than they had been reaching. They wanted to acquaint "influential individuals in other professions with the changes being sought and accomplished" in nursing (Bixler and Simmons, 1960, p. 34). The meetings, furthermore, provided the opportunity to recruit students for the new master's programs, to exchange news of faculty vacancies, to test reactions to issues raised in the earlier seminar discussions (Bixler and Simmons, 1960, p. 34).

Most interesting—in light of the structure of the Council later—the General Conferences provided the occasion for two special-interest groups to organize regionally. The state boards of nursing and the deans and directors of undergraduate nursing programs both formed regional organizations at the conferences, adopting their own rules and electing officers (Bixler and Simmons, 1960, pp. 34-35). The latter group, the heads of the basic collegiate programs, was designated as Associate Members of the group. These people had strong ties to the project sponsoring the creation of the six master's programs. The project itself, it will be remembered, had been sought by these same people, and each of the six universities that sponsored one of the master's programs was also the home of an undergraduate program.

Further, the ties between the undergraduate and the graduate programs would be ongoing. All those involved in the creation of the six complementary master's programs knew that they could thrive only as long as all Southern collegiate programs understood and supported their efforts. As Bixler would state in a promotional brochure the project published in

1959, "strong undergraduate programs are a necessary base on which to build quality graduate education" (Regional Committee, 1959, p. 14). The graduate programs depended on the baccalaureate programs for a steady supply of qualified students. The undergraduate programs, in turn, depended on the graduate programs for badly needed new faculty members. The key obviously would be close collaboration in the development of the curriculum at both levels. The six master's programs could not survive in isolation from the other nursing programs in the region, a reality that had shaped much of the planning and work of the project. Inevitably, the collaboration necessary between the two levels of nursing education took concrete form in the structure of the project itself. This, too, anticipates one of the fundamental characteristics of the Council later.

Early on, Associate Members included 21 baccalaureate programs from every state in the South. By 1959, 40 programs were listed as Associates, not all of them accredited, and some of them quite new. The group operated with three officers—a chairman, a vice-chairman, and a secretary (Regional Committee, 1959, pp. 14-16).

Obviously, as the project matured, it began to blossom into something far more than the creation of master's programs at six universities. From a later vantage point, one can see clearly outlined in this early project the shape of the Council to come:

1. The deans and directors of the South's nursing programs were meeting regularly to discuss substantive issues among themselves.

2. Various types and levels of nursing programs were gradually being absorbed into the group's work and plans, such that all of collegiate nursing education in the region was becoming involved and finding common cause.

3. The representatives of different types of programs were forming coherent subgroups within the larger, inclusive group.

4. The focus was on collaborative regional planning, not only among individual programs but among types and levels of programs.

It should have surprised no one when in March 1959, at the close of the final General Conference, all the interest groups then involved asked SREB "to find ways to continue the general conference." Their reason: "the values already apparent for nursing in the Southern region" (Bixler and Simmons, 1960, p. 36). When this first SREB project in nursing education ended in 1959, much more than six new master's programs in nursing had been set in motion.

Birth of the Nursing Council

Even before the final General Conference was held in March 1959, pressure was building in the region to find a way to keep up the momentum. There was widespread agreement that the South's first regional nursing project should not be its last. In October 1958, for example, the head of the Executive Committee of the Southern Regional Council of State Leagues for Nursing wrote Dr. Bixler, stating the council's desire to see SREB and project officials find a way to continue nursing educational development on a regional basis. Project leaders discussed various possibilities. Dr. Bixler, who continued at SREB, first on staff to conduct an evaluation of the nursing project and later as a consultant to the mental health and special programs departments, helped define a new project and locate funding for it (Bixler, personnel file, SREB).

She wrote and revised numerous draft proposals for submission to the Kellogg Foundation. At first, the focus was on improving the clinical component of graduate programs ("Summary...," n.d., p. 1). Such a project would have been a natural outgrowth of the first project, which created six new master's programs. But gradually, as the Regional Committee and Dr. Bixler sought the opinions and advice of others—federal public health officials, SREB staff, foundation officials, and nursing leaders—their vision of the scope of a new project widened. Among those who were involved in these early discussions was Helen C. Belcher, a research associate in the Division of Nursing of the U.S. Public Health Service. She would later direct SREB's new nursing project.

Efforts to define the new project and to locate funding for it continued into 1961. In June 1961 a "Prospectus of a Five-Year Regional Project in Nursing Education and Research" was written and ready for formal submission to Kellogg ("Summary . . . ," n.d., p. 3). As described later, this proposal "outlined an extensive program and suggested three areas in which a project director, with the help of an advisory committee of nursing educators and administrators, might focus her efforts" (Belcher, 1968, pp. 1-2). This proposed project, covering all of nursing education in the region, was to help the nursing schools of the South respond to new developments in higher education. The project would emphasize three concerns:

- *Personnel needs*—Assess the needs for personnel, ways in which they might be trained, and make projections for meeting these needs for the next 10 to 20 years.

- *Research*—Identify and promote research into the needs of nursing education.

- *Coordinated action*—Initiate and coordinate efforts in order to extend nursing education in the South. A strong program of continuing education was particularly recommended. (Belcher, 1968, p. 2).

Word came to SREB on September 6, 1961, that the Kellogg Foundation had approved the grant proposal and would provide about two-thirds of the needed funding. Foundation funds were supplemented by SREB. On October 8 news of the project was released to the press. The prospective director of the new project visited Atlanta in November, accepted the proffered position in December. On January 5, 1962, the appointment of Helen C. Belcher was announced.

Belcher, like Bixler before her, began by allotting time for thorough planning. For nine months she toured nursing schools throughout the South, visited the national offices of nursing organizations and government agencies, and attended nursing meetings at both the state and the national levels. Her intention was to determine what was most needed to strengthen nursing education and to discover what resources would be available to the new project (Belcher, 1968, pp. 5-6). To become more knowledgeable about regional efforts in nursing education elsewhere, she visited the Western Interstate Commission on Higher Education (WICHE) to observe the Western Council on Higher Education in Nursing (WCHEN) at work (Belcher, 1968, p. 6).

On May 7 and 8, 1962, project director Belcher met with an ad hoc committee of the region's nursing education leaders to begin planning activities for the new project. All three levels of collegiate nursing education—graduate, baccalaureate, and associate degree programs—were represented on this committee. The deans who made up the group were: Georgeen Harriet DeChow (Manatee Junior College in Florida), Dr. Florence Gipe (University of Maryland), Dr. Elizabeth L. Kemble (University of North Carolina), Ruth Neil Murry (University of Tennessee), Faye Pannell (Texas Woman's University), and Dr. Doris B. Yingling (Medical College of Virginia) (Belcher, 1968, p. 111).

One of the first questions the committee faced was whether the new project should include all 65 schools in the region that at the time offered nursing instruction at one of the three levels. The previous project, though promoted and backed by all Southern collegiate programs, had directly involved only six of them. After much discussion—some of it anticipating issues the project would address later—the committee agreed that wide participation would be best.

The committee concluded by recommending that a planning conference be held in the fall of 1962 and that the heads of all Southern collegiate nursing programs be invited to attend. The conference would have two

purposes: (1) to obtain recommendations for activities the project might undertake, and (2) to assess the interest of the schools in working on the project (Belcher, 1968, p. 7). The committee also recommended that the project be directed by a committee composed exclusively of nurses, that it not include hospital or university administrators.

Apparently convinced that the General Conferences of the first project had been most beneficial, and that the regional cooperation and exchange they stimulated was important to the individuals as well as to the schools they represented, the committee also recommended that "a continuing group of representatives from all the schools" should participate in the project activities (Belcher, 1968, p. 7). Without using a name for such a body, the committee clearly envisioned the formation of the group that would evolve into the Nursing Council.

A committee to plan the fall conference was formed, consisting of three members of the ad hoc committee (DeChow, Fort, and Murry), plus Dr. Marcia A. Dake (University of Kentucky), Sister Henrietta Guyot (Louisiana State University), and Alice E. Smith (Columbia Union College) (Belcher, 1968, p. 111). Using the hundreds of suggestions elicited from program heads, they identified five topics for consideration by people who were to attend the fall conference—faculty for nursing schools, a regional plan for nursing, differentiating the characteristics of graduates of the various levels of nursing programs, new teaching techniques, and nursing research and training in research (Belcher, 1968, p. 7).

Attendance at the October 17-19, 1962, conference was most reassuring to project leaders, especially in light of the fact that SREB paid only part of the expenses of each participant. Of the South's 69 collegiate programs, 65 sent official representatives. Belcher's invitation to each school was seconded by an invitation from SREB to the president of each college or university, inviting the institution to encourage the head of the nursing program to attend (Belcher, 1968, pp. 7-8).

The conference was the occasion for many deans and directors to become acquainted for the first time with the procedures and work of SREB. Its officials described trends in higher education and regional efforts in other fields, as well as the previous nursing project and related Kellogg projects. Belcher outlined the possibilities that lay before this new project. The keynote address was by a speaker who was becoming familiar to the region's nurses: Lucile Petry Leone of the U.S. Public Health Service talked about social trends affecting the planning of nursing education (Belcher, 1968, p. 8).

The participants formed six working groups, each to discuss two of the five topics. The groups were structured so that each included a cross-

section of states, types of programs, and types of institutions. Members of the conference planning committee chaired the sections. The recommendations of these groups "set the main directions for the next four years" (Belcher, 1968, p. 8). Details about the conference are available in two publications that set the pattern for many future publications from the Council: one, the agenda, was published in advance of the meeting and was filled with background information; the other, the proceedings, followed the meeting (SREB, 1962a; SREB, 1962b).

By the end of this conference several important decisions had been made, important because of their impact in the long run on the workings of the Council. Those attending this meeting had made it apparent not only that they backed the project but that they wished to remain involved personally in its work. They were not interested in sending delegates in their place to future meetings, nor were they interested in seeing regional work proceed in the form of demonstration projects mounted at a handful of schools. The instincts of the conference planners were confirmed: Nursing educators in the South wished to be directly active at the regional level on the behalf of nursing education. The presence at regular meetings of virtually all the deans and directors from the region would have important consequences for the project—the directions it would take, the things it could achieve. Nearly every nursing school head in the region would be available, on an ongoing basis, to SREB's director of nursing education and research. In these people, Belcher was to have the benefit of powerful and energetic backing (Belcher, 1968, p. 9).

Some might date the beginning of SREB's Council on Collegiate Education for Nursing with this meeting in the fall of 1962. But the director, nothing if not meticulous as a planner and a keeper of records, always considered the Council to have held its first official meeting in the fall of 1963. In her eyes, the work that followed this planning conference was still preliminary. An advisory council, appointed to assist Belcher in formulating plans set in motion at the conference, consisted mostly of the people who had volunteered their energies on previous committees (Dake, DeChow, Fort, Guyot, Murry, Pannell, Smith), with one newcomer, Helen S. Miller (North Carolina College at Durham). As they began to plan the project's work, they focused first on organizing the project and the procedures its participants would follow.

Chapter 3
The Structure of the Council: Stability in the Face of Change

The Council has passed through three phases in its first 25 years. The first lasted 10 years, until 1972. Though it was originally conceived as an advisory council for two SREB nursing education projects, each lasting five years, the Council rapidly assumed an unanticipated importance in the eyes of participants. They were persuaded that its work should continue, even if the projects of which it was a part did not. During a second, transitional phase funded by the Department of Health, Education, and Welfare from 1972 to 1975, the Council transformed itself. It worked out a new relationship with SREB and shaped a new structure and procedures. In 1975 it launched its third phase. Now a self-supporting membership organization, it would continue in association with SREB, fulfilling the regional mission that had always defined its functions. This chapter traces the maturing structure of the organization, which for all its changes under the pressure of necessity, stayed remarkably the same in the eyes of its members—a continuing source of information, challenging ideas, and collegial support.

Advising a Regional Project

In the winter of 1962-63 Helen C. Belcher faced the formidable task of organizing what was probably the most ambitious project in nursing education to have been attempted in the South. Although it had not been intended as a solution to all the region's problems in nursing education nor as "a permanent treatment program for the profession's educational ills," its goals were far-reaching. Its purpose was to be a catalyst in initiating action by others, to demonstrate new approaches and methods, to "crystallize" the leadership and the "cooperative powers" of Southern nursing educators (Belcher, 1968, p. 2).

Southern nursing was struggling with serious problems in the early 1960s. Postwar nursing shortages by now seemed a chronic problem in the South. At a time when 300 nurses per 100,000 population was considered minimum, the South averaged just 173; no state outside the South had a ratio lower than 200 per 100,000. Moreover, the South suffered a continuing drain of nursing personnel; each year more RNs were leaving the region than were moving in. The community college movement was gaining momentum nationally, but as yet only Florida among the SREB states was opening many associate degree programs. The number of

people graduating from all 280 Southern nursing programs had sagged in recent years, down 200 people between 1958 and 1962 (Belcher, 1968, pp. 3-4).

Belcher and her advisory committee knew that if the project were to be effective in the face of such difficulties it would have to reach as many collegiate schools as possible and to engage the commitment and energies of the people running them. Belcher later commented that she might have been able to work more simply and efficiently through a small advisory body or a small, selected group of schools. The activities undertaken might even have been the same, but, "the base of support for them, the benefits of communication among schools, and the impact of the project on the region would probably have been less satisfactory" (Belcher, 1968, p. 9). Fortunately, the project leaders foresaw the dangers implicit in such efficiency. They created rules of membership and participation that assured Belcher of a working group for the project.

Membership

The experience of nursing educators and SREB officials in the project that created the six master's programs corroborated the instincts of those planning the new project. Members of a cohesive group will work hard to reach project goals, whereas observers and visitors merely watch. This broadly based project would need a cohesive group of representatives at its center. But if the project were to make a difference in the region's nursing education, formal membership in the project of the region's schools—*as schools*—would be essential.

In April 1963, when SREB extended invitations to 65 institutions with collegiate nursing programs asking them to participate in the new Council on Collegiate Education for Nursing, it asked colleges and universities to sign a formal Statement of Institutional Participation (see Appendix). Their response was a resounding vote of confidence: 63 schools made such a commitment immediately (Belcher, 1968, p. 11).

SREB's procedure for extending invitations was intended to elicit support for a dean's or director's participation in the SREB project from the highest levels in her institution. The SREB director sent a letter of invitation to the president of the college or university along with the Statement. A copy of the letter was also sent to the head of the nursing program. The nursing deans were not being asked to designate themselves as representatives, that is, to make a unilateral decision to participate as if they personally or their departments were the members. Rather, they were to be appointed as representatives to the Council on behalf of their college or university; these institutions were the members. That membership should not be extended to individuals or to departments as such had been

urged by those who had helped plan the project (Belcher, 1968, p. 9). Their insistence was no doubt a reflection of their experience in the realities of educational administration.

The Statement spelled out the obligations of the members. To qualify, the college or university needed to be located in an SREB state, to be regionally accredited, and to offer nursing degrees at the associate, baccalaureate, or graduate levels. Each institution would be represented on the Council by a nursing educator, preferably the dean, the cost of whose attendance at Council meetings would not be borne by the project. (Interest in the Council over the years has been such that representatives of schools that could not reimburse them for all their travel expenses have paid for them personally rather than forgo being involved.)

At first—and this at the strong recommendation of the committee that helped plan the project—each institution was to have but one representative, even when the institution had both a master's and a baccalaureate program. That was soon adjusted slightly, to allow institutions with both a school of nursing and a school of public health offering nursing degrees in that field to send more than one representative to the Council meetings. Almost immediately, the impossibility of a rigid interpretation of the membership rules became apparent.

A growing number of institutions in the 1960s were beginning to offer two undergraduate nursing degrees, the associate and the bachelor's, operating multiple programs under separate administrations. Proliferation of programs was such that one university might have several associate degree programs in addition to its baccalaureate program. Many people doubted that a single person could represent all the programs adequately in such cases, especially when the programs were scattered geographically. In response, the Council found ways to encourage participation without fundamentally redefining membership. The head of an institution's baccalaureate program was usually designated the official representative, and the directors of its other nursing programs were regularly extended invitations to attend Council meetings as guests.

A second category of guests also evolved—the heads of programs in institutions awaiting regional accreditation. At the end of the second project period, Belcher reported that the number of invited guests who were the heads of nursing programs fluctuated between 50 and 82, whereas the official representatives numbered between 87 and 197. In other words, among program heads attending Council meetings, there tended to be half as many guests as official representatives (Belcher, 1972, p. 5).

Despite the rapid changes in nursing education, the membership structure of the Council was changed only very slowly and cautiously. Because the Council formed what Belcher once described as "the stable center" of the project (Belcher, 1968, p. 16), its effectiveness depended on its having a low turnover among the representatives. The project, she pointed out, could not afford both a large and a changing membership. Shifts in representatives could cause serious delays, and the project at the outset had but five years to reach its goals—not even that long, considering the time taken by preliminary work. It seemed best to have the same people meeting with one another at regular intervals and not to allow schools to send substitutes.

Those attending Council meetings, whether as representatives or as guests, were thus the people who were in fact directing the nursing programs throughout the South. The deans' and directors' personal and continuing involvement in Council decisions and activities was the essential ingredient in its success.

Membership requirements in no way slowed the growth of the Council. Beginning with 63 institutional members in 1963, the Council grew to 72 members in 1964, and by the end of its first five years it counted 101 programs in 87 colleges and universities as members; 20 other institutions were in line, waiting to see if the project would be renewed. By the end of the second five-year period membership had doubled, reaching 195 institutions (Belcher, 1972, p. 5). Belcher calculated that in its first five years the project enjoyed a 97 percent favorable response to its invitations to join (Belcher, 1968, p. 12). SREB issued invitations annually, as new nursing programs were formed or their parent college or university achieved regional institutional accreditation.

Leadership

In its initial form, representatives serving a project funded for a limited number of years, the Council elected no officers and enacted no bylaws. The rules of procedure were embodied in the Statement of Institutional Participation. The Council operated democratically, largely by consensus, under the direction of the project director, who was assisted by a steering committee.

The Project Staff. Initially, the project staff consisted of the director, Helen C. Belcher, and one secretary. Both were salaried as employees of SREB, with offices located in Atlanta (Belcher, 1968, p. 16). In the second five-year period the staff was expanded. Belcher continued as director and was assisted by a project associate, Helen A. Pemberton, who was employed in July 1967 and remained until September 1971. Belcher and Pemberton were assisted by one or two secretaries.

In many of its undertakings the project used the expert assistance of other SREB staff members. Its publications, for example, were produced with the advice of SREB's publications staff; its need for statistical information about the region's higher educational systems could be supplied by staff researchers. (See Chapter 4 for details about the Council-SREB relationship.)

The project's Statement of Institutional Participation specified that the project director be a "highly qualified nursing educator." Project planners had intended that it not be directed by anyone from outside the profession. Belcher was richly qualified to direct the project and lead the Council. Her academic credentials included a bachelor's in zoology, as well as a diploma and a master's degree in nursing. Her experience included both nursing instruction and nursing research, and her service in the federal government in nursing education research prepared her directly for the tasks before her as project director (Belcher personnel file, SREB).

The director's functions were also specified by the Statement. She was to bring to the Council's attention "the needs and ideas for activities to strengthen nursing education and research." She was to plan and conduct meetings and conferences. She would maintain information about nursing education and research in the region and would facilitate communication with and among Council representatives between their meetings. Her duties also reached beyond the Council. She acted as liaison between the Council and SREB, particularly other SREB projects. She was expected to assist colleges and universities with their "problems in nursing education and research"; she was to maintain "liaison with national and regional groups on problems and projects related to nursing education and research" (Belcher, 1972, p. 12). Belcher would find many ways to meet these demands.

The Steering Committee. Leadership of such a large group with as much to do as outlined in project plans could hardly rest with such a small staff, however talented. The director was assisted by a Steering Committee, whose existence and functions were also specified in the Statement. This committee took over the functions performed by the Advisory Committee, which dissolved by the time of the Council's first official meeting in 1963.

The Steering Committee was made up of six to nine people selected from among representatives. They were appointed annually in October by the staff and were selected so that as many states as possible could be represented, so that both public and private institutions would have a voice on the committee, and so that all three types of nursing programs—ADN, BSN, and graduate—would be a part of the leadership. The committees included individuals who had participated in the planning of the project, but they included many new faces as well. By 1971 a total of 39 persons had served on the Steering Committees (Belcher, 1972, p. 16).

The primary responsibilities of the committee were two—to advise the staff on all aspects of the project, and to help plan and conduct the Council's meetings (Belcher, 1972, p. 16). The committee formed the "nucleus" of the Council, as Belcher saw it, providing not only continuity between meetings but also the support and response from the region that would be crucial to the director's effectiveness.

The committee met twice a year, for two days each time, at SREB offices (Belcher, 1968, p. 13). As Belcher described it, "the committee planned the agenda by deciding what would be presented and how the time would be used." It selected a main topic with an eye to its interest to the heads of all types of nursing programs (Belcher, 1972, p. 16). At the meetings themselves, Steering Committee members chaired sessions and led discussion groups.

The work done by the Steering Committee members bore fruit not only for the Council but for them as well. Because of the stability of Council members, the Council benefited from their continuing presence after they rotated off the committee; present and former Steering Committee members served informally as mentors to newcomers because of their familiarity with the workings of the group. Moreover, they found their Council work to be of great benefit to themselves and their schools. "Almost everyone who served on the committee commented that the experience broadened her perspective and enhanced her relationships with other program directors in the region," said Belcher (1972, p. 16).

Meetings

Council Meetings. If the structural center of the Council was its Steering Committee, its center of energy was its meetings. These occurred usually twice a year, in the spring and the fall, and during the first 10-year phase of the Council's existence there were 17 meetings (Belcher, 1972, p. 17). Because no substitutions were permitted, careful advance planning was critically important. Dates for the meetings were set two years in advance so that busy program heads could arrange their calendars around these sessions.

Attendance was "remarkable," in Belcher's words (1972, p. 18), a fact implying that the meetings were, in the eyes of those who came, well worth attending. They usually began on Wednesday evening, when a keynote speaker would address a plenary session on the topic selected by the steering committee as the focus of the meeting. All day Thursday, and Friday morning, were filled with plenary sessions and smaller breakout groups, meetings devoted to one or another aspect of the general topic. Friday afternoon's plenary session would hear reports from subgroups and provide the director and Steering Committee with the opportunity to

conduct official Council business. Despite pressure to extend meetings to cover more subjects, the leaders were "adamant" about not allowing meetings to grow longer. Consequently, the Steering Committee had to plan shrewdly to make the most of available time (Belcher, 1968, p. 17).

That the Council could accomplish all it has despite the fact that its members meet a few days a year indicates how well planned the meetings have been and how important committee work has been. By skillfully combining written resources with committee work to save Council time, Belcher established an impeccable model for later Council leaders to follow. For many years meetings were preceded by agenda books laden with information the representatives were expected to read and digest before coming. Proceedings books followed. The meetings themselves, as anyone who attended them can attest, were models of efficiency.

Meetings of Groups A and B. Embedded in the meetings of the Council as a whole were the meetings of two subgroups known as Groups A and B, which emerged even as the Council was organizing. Their existence is symptomatic of one of the most recalcitrant problems plaguing professional nursing—the existence of more than one type of collegiate nursing program preparing nurses for licensure as professionals. That these subgroups were not defined in the structure of the Council to begin with is not a sign of poor planning. Rather, the Council's organization as a single unit expresses the intention of the project designers that collegiate nursing in the region speak with a single voice. It might be argued that the Council's most important achievement is that it has given room for the many voices of nursing education to speak within the Council, while the Council itself speaks publicly with one voice on behalf of all nursing education. The evolution of Groups A and B captures the essence of this achievement.

The Council has worked as a whole or through its subgroups, depending on the problem under consideration. Problems relevant only to one kind of program were dealt with first in meetings of representatives from those schools (Belcher, 1968, p. 12). The agenda for the first Council meeting in October 1963 allotted time for the heads of associate degree programs (Group A) and baccalaureate and higher degree programs (Group B) to meet separately for several hours. This was useful for several reasons. The deans and directors of like programs could become better acquainted in these smaller gatherings. They were thus provided the opportunity to share details about their programs, to learn more about one another's views, to discuss common interests and concerns, to reach agreement about common matters quickly, and to identify the special needs associated with the particular type of program (Belcher, 1968, p. 22).

Having met separately, Groups A and B would then report back to the

Council at large in the final plenary session. This way, all the representatives stayed well informed about the concerns and decisions relevant to all types of nursing programs. Each section had much to learn from the other, of course.

During the 1960s and early 1970s, Group B grew modestly while Group A virtually exploded. The difference reflected the fact that the ADN had caught on and that community colleges were springing up everywhere. Of the 52 representatives of schools with baccalaureate and master's programs attending the first Council meeting in October 1963, 40 attended the first Group B meeting; by 1966 attendance had grown to 59, and 4 more who were eligible had been invited (Belcher, 1968, p. 27). During the second five years of the project the group reached 75 members. The growth of Group A, on the other hand, was nothing short of astounding. Starting in 1963 with 14 of the 19 directors of AD programs, it reached a membership of 60 by 1966, when size was becoming a problem (Belcher, 1968, p. 23). Unrelenting growth continued during the second five years—from 75 in 1967 to 158 in 1971 (Belcher, 1972, p. 23). The informal personal exchanges of the early years became impossible. To combat the problem, Group A often subdivided further, meeting in small groups to discuss specific issues (Belcher, 1972, p. 23).

Although the issues of greatest concern to Group A or Group B were occasionally divisive, the existence of separate sections did not prove destructive to the Council, as some had feared. On the contrary, Belcher argued, devoting meeting time to the concerns of the subgroups "seemed to facilitate better communication and understanding" between representatives of the two types of programs (Belcher, 1968, p. 22). Moreover, topics raised first in a subgroup often then were developed as programs for the Council as a whole. More than once, the nursing educators discovered that a problem of one type of nursing program could be solved only by cooperative action among all types.

Providing the means for subgroups to function independently within the Council probably strengthened it. The project director certainly thought so; she pointed out that separate sessions for different types of nursing programs were standard procedure at national nursing meetings. Moreover, her emphasis on working toward unity helped Southern nursing educators to "realize that they had more common concerns than differences" (Belcher, 1972, p. 26). A failure to allow the representatives to discover their common cause might well have proven fatal at points when the issues dividing them seemed particularly critical.

Other Meetings. Although meetings of the whole Council are central to its functioning, they do not allow for all of the work the Council is designed to perform. Over its 25-year history its leaders have experimented with

many ways to assemble the region's nursing educators to achieve specific goals. Ad hoc committees have been appointed to deal with specific issues or to accomplish particular tasks. These have planned and held regional conferences on special topics; such conferences are often attended by others in nursing besides the Council representatives. The representatives have also assembled in state groups when issues needed to be addressed at the state level. Subregional clusters of schools have been tried as a means of addressing some problems. When Council members decide that they or their faculty members need most to learn a new skill and new methods, they have sponsored workshops and seminars tailored to meet these needs. The creativity of the Council's directors and leaders is apparent in the variety and the high level of success of these many ways of gathering the region's nurses together.

Working Procedures

Decision Making. Planning, of course, normally began in the director's office at SREB in Atlanta. One of Belcher's most well-developed skills, in fact, was her ability to plan efficiently. Her agendas, whether for committee meetings or for the Council as a whole, were models of informativeness and precision. Her agenda books required study, so full were they of the background information. The order of elements seemed inevitable, for she had a keen sense of how people working in groups would proceed, what they would need to think about first, before moving on to make a decision to act. Her plans did not remove Council representatives' options; rather, they set out items for consideration in such a way that a group could reach the point of decision as quickly as possible. Her talent for thorough, effective planning was such that her handbook on planning a workshop, published in 1966, is still used (and guarded jealously) by Council members fortunate enough to still have their copies.

The Council would never have fulfilled its purpose had the project director administered it without assistance from Council representatives. Much planning for the Council has indeed been done by committees. In the first 10 years, the largest share of this work fell to the Steering Committee members. Later, when the Council was reorganized, the executive director and the elected officers and directors shared these responsibilities. But though the titles changed as Council structure changed, the process remained essentially the same. Meeting several times a year for a day or two at a time, and corresponding regularly between meetings, Council leaders defined the issues it might properly address and then outlined the means by which it could work to solve them.

These matters were then taken to the Council at large, which operated by consensus in the early years. At times, when group size or the timing of meetings would delay action that needed to be taken promptly, the director,

with the advice and consent of the Steering (or Executive) Committee, acted without prior approval of the Council as a whole. However, as Belcher pointed out, such decisions are, of course, "made on the basis of keen sensitivity to the overall desires of the Council, the needs of the region, and the importance of producing results" (Belcher, 1968, p. 13).

Often the Council leaders have had to choose one idea from among competing ideas for projects, rejecting the others. The most important consideration at such times is "whether or not a proposed activity would be . . . well done by this particular group at this particular time" (Belcher, 1968, p. 15). The director and Council leaders assisting her analyzed proposals for Council action by asking four questions: Is it important? Is it appropriate? Is it feasible? Will it pay off? Answering each of these questions means raising yet others.

To analyze the importance of an issue or an idea, Council leaders asked whether it would strengthen nursing education, if the deans and directors would be able to contribute the necessary time, if the action under consideration would detract from other, more important action.

To assess the appropriateness of a suggestion, they measured it against Council goals, asking if the new approach fit the long-term goals of nursing in the region and was appropriate to colleges and universities and to SREB. Could numerous institutions in all or nearly all the Southern states be involved? Could it be done as well or better by a single institution? If so, how could the Council or SREB be of assistance? How could the idea be spread to other schools? Finally, was it already being done?

As to feasibility, the critical question was whether the Council, the institutions, the region had the necessary resources. The answer often lay with an assessment of the form a proposed activity might best take. Further, would assistance be needed, and if so, in what form and how much? Was that assistance available, obtainable?

Finally, what results were likely? Would they be worth the time and the money spent to achieve them? (Belcher, 1968, p. 16).

Clearly, Council decisions have never been easy to make. Work among so many people representing varying kinds of institutions and nursing programs can easily bog down in procedural wrangling. The long list of Council accomplishments attests to the skills of the Council's directors and leaders over the years. The leadership of the Council has been kept small enough, whatever the precise structure, to allow people to work informally, directly, and personally with one another. At the committee level they have worked largely by consensus, and with the passage of time, increasingly on the basis of trust.

Disseminating Information. Belcher's book-length reports of the two five-year projects under her direction prominently feature communication as a Council activity. To her way of thinking, the flow of ideas and information was a critical part of the Council's work. By "communication" she meant much more than the "relaying of simple information." She meant the "exchange of ideas and opinions" as well as the "personal interaction" between people (Belcher, 1968, p. 58). Much of her energy was devoted to making certain that the communication among the participants in the project was not limited to the formal occasions. As she saw it, the Council should function for its members as a "marketplace for ideas" where a "questioning atmosphere" would encourage people to evaluate the past and visualize the future (Belcher, 1968, p. 13).

Much of the communication that has proved so valuable to Council members never has appeared as Council publications. In the experience of most participants, informal conversations are among the most important sources of information and ideas afforded them by Council participation. The Council's meetings have allowed schools to acquaint one another with their programs; at the very first Council meeting the schools put brochures and leaflets about their programs on display (Belcher, 1968, p. 8).

Nonetheless, the paper trail that survives in SREB files and the bookshelves and files of Council representatives is proof enough of the central importance of this aspect of Council functioning. Agenda and proceedings books provide a formal written record of Council meetings. In addition, the staff prepared a mimeographed newsletter, which was issued four or five times a year to collegiate nursing schools in the South beginning in January 1963. Sixteen issues were sent out, each school receiving several copies to circulate. Publication ceased in March 1966, when the number of participating schools made the work load too great for the small Council staff to handle.

Other publications emanated from the Council, usually in response to a specific demand or need in the region. Mildred Schmidt's keynote address at the fifth Council meeting became a booklet that had to be printed a second time to meet the number of requests. Her subject, *Obtaining and Keeping Faculty in an Associate Degree Nursing Program* (1965), addressed a subject of intense concern as the number of ADN programs began to grow rapidly (Belcher, 1968, p. 60). Belcher's guide to workshop planning has been mentioned. Workshops sponsored by the Council were another source of publications. Clinical reports used as teaching materials in workshops were circulated later, as were the reports of the workshops themselves. The project also published and disseminated leaflets describing the master's programs in the region, continuing a service that had begun in the earlier nursing project. The leaflet was distributed by the schools to students graduating from baccalaureate programs and by the

master's programs themselves, as they responded to requests for information. Yet another form of publication that was to be used often was the commissioned paper or report. An early example was the paper by Lucile Petry Leone on statewide planning (1967), which argued for the principles of statewide planning. It was intended to focus attention on the importance of this subject.

The Council's output of printed materials over the years has been prodigious. Some of these publications are described in chapters 4 and 5. The sheer variety of topics and forms suggests the wide range of Council concerns and the depth of its service to the region over the past 25 years.

Perhaps the only negative comment that could be made about the Council's publications is that they almost always had too limited a circulation—too limited, that is, in the eyes of nursing educators from outside the region who would have liked to have them available. As Belcher ruefully noted at the outset, the resources of the project did not permit circulation beyond the region and participating institutions, of course, were served first (Belcher, 1968, p. 60). Depending on the subject of a publication, other groups sometimes might be recipients: nursing organizations, federal officials, state legislators, to name only a few. Modern technology has recently rescued the situation somewhat. Selected publications are now available through the document reproduction services of Educational Resources Information Center (ERIC), and the ever-useful photocopying machine has allowed somewhat wider circulation of some items. (Most SREB publications are in the public domain.)

The Council's flow of information was not limited to publications, of course. Both information and ideas for projects flowed back and forth between the Council and SREB. SREB sponsorship of the project bequeathed the Council a "climate of interest" in the broader issues of higher education, a fact that richly affected the Council's development, according to Belcher (1968, p. 63). Further, thanks to the assistance of SREB's public information office, numerous press releases about Council actions and events were issued to the regional and national press. Other SREB periodicals also served to bring Council activities to the attention of important constituencies. *Regional Action*, a quarterly newsletter of SREB, circulated to thousands of educators, legislators, government administrators, and others, featured Council events and people from time to time, much enhancing its ability to influence educational developments in the region.

Considerable care was taken from the beginning to keep the nursing journals well informed about Council activities. Reports of Council meetings have been routinely submitted and published in *Nursing Outlook* and the *American Journal of Nursing* (Belcher, 1968, p. 63).

The Council has done much more than disseminate information. It has also routinely gathered it in. Indeed, gathering information "has been the first and most basic step taken in any of the project's enterprises" (Spector, 1975, p. 25). The reason, of course, is that "knowing what to do next and how to do it is not possible until knowledge about what *is* can be pulled together" (Spector, 1975, p. 25). Surveys have been a virtual fixture of Council procedure from the beginning. Conducted via postcard on many occasions, or much more formally and scientifically on others, the surveys have compiled information that time and again was available nowhere else—information that nurse educators need to make decisions. The Council, like many other arms of SREB, has become the place to come for facts about the region's educational facilities and people. Council staff members respond to an astonishing variety of questions asked over the phone or through the mails. Whether the information goes out piecemeal or in larger packages matters little; what does matter is that the information is available, it is accurate, and it meets a need. Staff members and Council members alike have agreed that this aspect of the communications flow is an important part of the Council's function.

One of the hallmarks of Belcher's leadership was her attention to detail. Nothing illustrates the point so well as her willingness to attend to what she once called "gimmicks" (Belcher, 1968, p.58). She herself described one: Having encouraged those attending the second and third Council meetings to sit at tables by states at one of the luncheons, she was not in the least surprised when some of the state groups later began to arrange to meet more formally during Council meetings or independently (Belcher, 1968, p. 61). Long before the word became fashionable, the Council was providing every means it could for participants to "network" among themselves.

Emphasizing Participation. The membership requirements were designed to encourage as much direct participation as possible from the institutional representatives. The deans and directors were themselves to come to Council meetings. The delegation of authority was discouraged. More than that, the Council was inclusive. All nursing schools in regionally accredited educational institutions were envisioned as participants. In no way was the Council to be elite, composed of a select group of schools. Nor was its power and effectiveness to be diluted by the use of surrogates for the heads of schools and programs. Though the membership rules have changed (details of which are described in the second section of this chapter), the emphasis on participation still prevails.

The Council is not a body of nurse educators who represent the leaders in the field in the South. The Council *is* the leadership in Southern nursing education.

Even when Council activities involve the participation of faculty members rather than, or in addition to, the deans and directors, they are still keyed to this fact. The work has been conceived, planned, and approved by the deans and directors of almost all the region's nursing programs in higher education. All of them "speak" through the individual activities.

This naturally places a considerable burden on the project staff and members of the Council committees. As they make their decisions, they must reflect not only their own best thinking but remember the extent to which their decisions reflect the entire region's nursing education establishment, and how much the decisions affect it. Belcher was interested to notice the effect this had on participants. She reported that "members of the Council and guests have commented upon the personal growth of this group," adding that participants were better at critically evaluating their own and others' ideas. "Through this process," she said, "many persons came to be recognized as leaders in the region—persons to whom others began to turn for advice and opinions, but who were generally unknown in the region at the outset" (Belcher, 1968, p. 93). Such changes in individual Council representatives were important, for they obviously affected the way the deans and directors administered their programs. Moreover, a rising level of sophistication among the leaders in higher education for nursing could only bode well for Southern nursing and the South.

Using Consultants. The Council assembles no small amount of talent in convening the deans and directors of collegiate nursing schools from throughout the South. But from time to time it has undertaken activities or tackled subjects that demanded special expertise not possessed by someone in the Council. On such occasions Council leaders searched for the precisely right person to supply the information, skills, or insights that might be needed.

Such consultants have come from many different fields and from all over the country. One approach routinely used by the Council is to invite an expert to speak to the Council, keynoting a meeting devoted to a given subject. The Council's first meeting in October 1963 was planned in this manner. But consultants have assisted the Council in numerous other ways. They have assisted ad hoc committees in their deliberations, or led seminars or workshops. They have been commissioned to conduct research or write papers for the Council's use. At times, consultants have been useful more informally, in one-on-one conversation with Council staff and leaders.

A listing of all the people who have served the Council as consultants would be very long. It would include many well-known names in nursing circles—the officials of nursing organizations, spokespersons for federal agencies, foundation officials, leaders in higher education, health

officials, and the like—but it would also include many unknowns, people who have specialized skills as researchers or graphic artists or programmers, for example. Such assistance serves to amplify the work of the Council and its staff without expanding staff size beyond Council means.

Here, too, the SREB connection has served the Council well through the years, as the Council director and her Steering or Executive Committee have been able to draw on SREB's considerable experience to identify appropriate consultants. In addition, SREB staff members have frequently served the Council as consultants.

Evaluating the Council. In 1972, when the Council was reaching the end of two five-year periods when it was funded as a part of a project by the Kellogg Foundation, the project director evaluated the work of the Council and reported her findings formally. Her report of the first five years had contained no small amount of evaluation (Belcher, 1968), but it was largely her own assessment of Council progress and work, and was offered at a point when there appeared to be no break at all in Council momentum. Except for the technical matters of funding, the first 10 years of the Council's existence seemed a seamless whole.

A more significant break came in 1972, when the Council was launching its effort to establish itself as a permanent organization and Helen Belcher was making plans to move away from the region. In anticipation of the major changes that were forthcoming, the director and the Steering Committee planned a survey of 100 Council members. They were selected randomly from a longer list of people whose experience with Council activities was great enough to enable them to give thoughtful, significant answers. Questionnaires were mailed in November 1971 and replies from 87 were received in time to be included in the report of the evaluation that was published in the final report of the project. The failure to respond was interpreted as a negative response (Belcher, 1972, pp. 100 ff.).

The questionnaire elicited both multiple-choice answers and commentary, an approach that made analysis more difficult but that made responses more meaningful. The overwhelming majority of the respondents had been associated with the Council for more than two years, and they represented proportionately all the types of nursing programs.

The responses to one question are of particular interest. People were asked to evaluate the Council as a whole, to say that, on the one hand, it had been a waste of time and ineffective, or, on the other, that it had helped them and their faculty members improve their programs. The responses were very favorable. No one declared the Council ineffective or a waste of time, and fewer than one in five thought it only moderately helpful. The comments that were volunteered indicated that two aspects of Council

function stood out in participants' minds. They valued most the Council's providing them an opportunity (1) to share ideas and experiences with colleagues and (2) to hear programs and speakers of high quality.

Other characteristics singled out in respondents' comments included the structure of the Council itself, the stability of the meetings and the membership, its system of communications, its planning and decision-making procedures, and other points highlighted here. What impresses one most is the mildness of the criticism that was elicited. When asked what they liked least, most respondents had little or nothing to say, and the criticisms that were expressed focused on the increasingly unwieldy size of the Council, as if its strengths were threatened most by its own success.

The response must be measured in the light of one fact not stressed in Belcher's report of the evaluation but frankly reported elsewhere in her two five-year reports—tensions at Council meetings were sometimes high; gatherings were not uniformly convivial. The group has tackled some of the more trying and difficult issues plaguing nursing education. The most severe ones center on the competition between the different types of nursing programs; the most delicate ones center on the region's racial difficulties. The fact that the respondents should identify the opportunity to share ideas and opinions as the Council function they most value suggests the reason that Council representatives so tenaciously worked to keep the Council going. Participation in the Council, it appears, offered the means for solving critical problems. In the eyes of Southern nursing educators the Council, in short, had become indispensable.

Achieving Permanence

"As the SREB Council on Collegiate Education for Nursing neared the end of its first 10 years, it confronted the problem of its own future. All concerned agreed that regional planning for nursing education is essential to the well-being of the nursing profession and of the population it serves in the South. Therefore, Council members were determined that a permanent arrangement to continue the Council should be found. That was the mandate handed to the new project as it began its work in 1972, and that is, in fact, the job it had completed by 1975" (Spector, 1975, p. 1). So opened the report of the Council's work during its next phase, a transitional period during which much of the representatives' energy would be devoted to the tasks of reorganizing for self-sufficiency and finding an ongoing source of funds.

The first director of the project, Helen C. Belcher, commented in her final report that although some modifications in structure and function would be necessary, the basic organization of the Council would probably

continue to serve it well (Belcher, 1972, p. 26). She was right. From 1972 to 1975 the Council underwent a transformation that preserved the useful elements in its organization but found new arrangements when these were needed for an ongoing, independent existence.

The Council faced many changes in 1972. Not only would it find a new way of conducting its own business; it would adjust to a new director, Audrey F. Spector. Once again, SREB and the Council would draw on nursing leadership at the national level in selecting a new director. When she accepted appointment as director of the new project—the 3-year transitional phase was funded by the Division of Nursing under the title "Regional Planning for Nursing Education in the South"—Spector was the Continuing Education Coordinator of the ANA. Before that, she had served ANA as its Clinical Conferences Coordinator. She brought to these positions a background that included service in both nursing practice and nursing education. She had taught medical-surgical nursing as well as psychiatric and geriatric nursing. She holds a bachelor's degree in sociology and a master's in nursing, in addition to her basic nursing education. Like Belcher before her, Spector brought to the Council position a breadth of experience in nursing circles that would serve regional nursing education well.

By 1975, an entirely new relationship of the Council with SREB had evolved, and with it, a newly defined set of responsibilities for the Council leadership. The details of the story are recounted in the final report of the transitional project, *Regional Planning for Nursing Education in the South, 1972-1975: A Study in Transition* (Spector, 1975). The reorganizational work of those years are summarized here.

The Work of Reorganization

While work on reorganization moved forward, the Council continued to operate under the rules that had governed its work for 10 years. A new committee was formed to help the new project director and the Steering Committee plan for the future. This Long-Range Planning Committee consisted of Almeda Martin, chair (St. Petersburg Junior College), Dr. Lucy Conant (University of North Carolina, Chapel Hill), Mary Hardy (El Centro College), Dr. Virginia Jarrett (Texas Christian University), Dr. Geraldine Labecki (Clemson University), Charlotte S. Sachs (Kennesaw Junior College), and Dr. Doris Yingling (Medical College of Virginia).

Because the structure of the "new" Council would be determined in large part by its source of funding and whether or not it continued to be associated with SREB, all three of these aspects of reorganization had to be dealt with together. Initially, most member schools indicated that they would not be interested in continuing in the Council as dues-paying

members, but as it became apparent that alternative sources of permanent funding could not be found, the payment of dues emerged finally as the choice of the majority. There was from the outset of the transition period a strong wish in the Council to remain affiliated with SREB. Nonetheless, association with national nursing organizations such as ANA or NLN was an alternative that was examined carefully. Ultimately, paying dues and remaining affiliated with SREB emerged together as the first choice of the deans and directors. Once they had made those choices, they could work out the structural details.

The Basic Documents

Having operated under terms spelled out in the Statement of Institutional Participation, the Council now needed to draft a new Statement and create two new documents—a Memorandum of Agreement with SREB and its own bylaws (see Appendix). At the end of the three-year transitional period, only the bylaws remained to be drafted in final form.

The new Statement of Institutional Participation stated the Council's objectives in more active terms than before. For example, it would now "plan and conduct" regional activities to strengthen nursing and nursing education, not simply "encourage" them. Essentially, though, the purpose of the Council remained the same. The structure of the Council now would be more complex. Membership qualifications and obligations, the leadership, meetings, and the fee structure as well as the voting procedures are all specified in the Statement.

The Memorandum of Agreement Between the Council on Collegiate Education for Nursing and the Southern Regional Education Board—its official title—specifies what the Council and SREB mutually agree to do. The Council is committed to establishing an Executive Committee, selecting a project director and assisting in the selection of staff for special Council projects, and determining its own policies, program, and annual budget. SREB in return assumes "overall administrative and fiscal responsibilities for the Council" (Spector, 1975, p. 11).

Bylaws written by a committee were accepted by the whole Council on March 31, 1976. They reiterate many of the terms of the Statement, adding details concerning, for example, the nomination and election of officers, their duties, the duties of the Executive Committee, the standing committees and their functions, and Council working and voting procedures. The bylaws have been revised, most recently in 1986 (see Appendix).

Membership

Possibly the most noticeable difference between the old and the new Councils is the larger size of the permanent organization. No longer is

membership in the Council limited so strictly to one person, the administrative head of all nursing programs, from each educational institution. The change is in part a reflection of the great changes in higher education that have occurred since the Council was first organized in the early 1960s, and in part a response to the constant presence of "guests" in Council meetings and activities.

In 1975, the revised Statement allowed for admission as members people who had for some years been participating in Council activities and meetings as guests or visitors. These were the directors of different nursing programs from single universities or university systems. Increasingly, especially in the state-sponsored institutions of higher education, nursing was being taught in an array of programs and not just in one type; often, a single institution's programs were scattered geographically. Nonetheless, under the old rules, only one person, the administrative head (usually of the bacclaureate program), could represent the college or university on the Council. Now, directors of other programs from the same institution—associate degree, master's, and the like could also be members, with voting privileges. (The official representative, once appointed by the head of the institution, in turn appoints these people.) Also eligible for membership were the administrative heads or coordinators of statewide systems, where these existed. In the most recent revision, the bylaws specify that the directors of any of the following types of nursing programs at an institution may be members of the Council: associate degree, baccalaureate, master's, doctoral, continuing education, and research.

Leadership

The Project Staff. Under the new arrangement, the Council would still be centered in offices at SREB in Atlanta, administered there by a staff consisting of an executive director and a secretary.

Although the Council remains closely affiliated with and centered at SREB, their relationship was fundamentally changed by the transition to permanence in 1975. Until that time, a variety of nursing projects had been based at SREB, administered as separate projects under the direction of the head of the Special Programs Department. Funding for these projects, including those that created the Council, came from outside sources. (Details about Council funding are in Chapter 4.) In the new arrangement, the executive director of the Council acquired a dual function, assuming responsibility for overseeing and coordinating all nursing programs based at SREB.

Committees. The committee structure of the Council also changed after 1975. The Steering Committee was replaced by an Executive Committee

of seven—the chairman, the vice-chairman, and five directors. Under the initial arrangement in 1975 SREB appointed two of the directors and the Council elected the others. Under the current bylaws, two directors are appointed by the Exectuive Committee. The exective director serves as an ex officio member of the committee.

The Executive Committee still serves much as the Steering Committee did, assisting the director with planning and conducting Council meetings and activities. But given the independence of the Council as a self-supporting organization of dues-paying members, the Executive Committee acquired considerably more direct reponsibility than its predecessor had. For example, it prepares the Council budget and approves the expenditure of funds. It must be concerned with keeping interest in Council membership high. It selects and appoints staff members, for the Council as a whole or for special Council projects. It reviews and approves requests for membership.

The standing and ad hoc committees have varied, changing in response to changing needs and circumstances. Bylaws, membership, and nominating committees have served the Council in their respective capacities. Together, these committees and the Executive Committee keep work moving forward during the months between meetings of the Council as a whole.

The chairman presides at Council and Executive Committee meetings, appoints committees and their heads—except for the nominating committee, which is elected—and assumes or delegates the duties of the executive director in the event of a vacancy in that office. The Council's first chairman, Marie L. O'Koren, University of Alabama at Birmingham, cosigned the Memorandum of Agreement with SREB on December 2, 1974.

Meetings

The Council meetings have changed little under the new arrangement. They are larger now, and are held but once a year—a change that occurred in 1980 because of the rising costs of travel. Meetings are planned and structured much as before. Agendas and background information are prepared and distributed to members before each meeting, to prepare them for the discussions and debates that surround the topics under review. Proceedings or summaries of the proceedings are published and distributed to members.

Representatives still attend at their own or their institution's expense. Meetings are held in Atlanta and attendance remains high. Official representatives are now allowed to send alternates when they are unable to attend.

Groups A and B no longer meet as such, but breakout discussion groups following presentations to the Council as a whole are often organized by type of program so that responses and discussions can center on the common needs and points of view of the people administering similar programs. The number of these subgroups is larger now—doctoral and master's degree program heads often meet separately, as do the baccalaureate and associate degree program directors. In addition, depending on the subject, groups of directors of continuing education programs and research programs also sometimes convene separately.

At the fall 1980 Council meeting subgroups were asked to meet and discuss Council priorities for the coming decade. Graduate program deans and directors met together to formulate their recommendations on this occasion; other subgroups were formed by the people representing baccalaureate, associate degree, and continuing education programs, as well as a "mixed" group. As the summary of the groups' recommendations makes clear, the continued use of the smaller groups for discussion continues to be valuable to the Council and to its members. Issues and concerns can be raised in these sessions that cannot reasonably be examined in detail before the Council as a whole. The exchanges of ideas and opinions continue to be an important resource for the Council and for the participants. The Council's leaders find them helpful as they plan activities, and the participants continue to learn much that can be used at home in these more highly focused meetings.

Working Procedures

Making Decisions. The leaders of the Council have considerably more business to conduct than the leaders of the "old" Council did, as they now perform the work of maintaining a self-sustaining membership organization. The weight of the decision-making process has moved to the shoulders of the people who accept leadership positions on the Council. Deliberations that once centered on the project director, SREB staff members, and the officials of funding agencies and foundations now are the responsibility of the Council's executive director and officers. In their search for funds to underwrite specific projects they negotiate with foundation and agency officials still; and they continue to be answerable to SREB for policies regarding employed staff and similar administrative matters. But the Council's leaders are now directly responsible to Council members in such matters as planning programs, choosing projects, setting priorities, and taking positions on controversial issues in nursing and nursing education.

In short, the Council is now run by the vote of its members. All representatives are eligible to vote. The institutional representatives have one full vote; the representatives of the individual programs at the same

institution have a half vote each. Major decisions may be made directly by all members, voting either through the mails or at the Council meetings. Less critical decisions are made on members' behalf by their elected officers.

The decision-making process sometimes seems cumbersome or slow. But experience has shown that Council undertakings work best when they have been carefully developed in response to a clear need in the South, when they follow thorough discussion in the Council and long, careful planning based on clear facts, and once the support of those to be involved is firmly established. Further, Council programs and projects are most likely to succeed when members are actively involved, consultants are used, nurses with diverse points of view are represented, and when follow-up is built into the planning such that publication of reports and the possibility for implementation are taken into account (Spector, memorandum of January 13, 1977).

Members from time to time express their frustration with the Council's tendency, as they see it, to generate many ideas in discussion but to fail to act upon them quickly. Longtime participants, however, know what the first project director learned by the time she had completed 10 years with the Council. In her words, the Council would "chip away at a problem, bit by bit, examining it from various angles, until a way could be found to do something about it" (Belcher, 1972, p. 124). Action would begin when the time was right.

Disseminating Information. Keeping information moving in Southern nursing circles is still one of the Council's most important functions. The center of that process is the Council itself; even to this day it provides the best means for Southern nursing educators to meet one another and to stay in touch on a regular basis.

Publications continue to be issued steadily. Individual project reports still appear, as pamphlets or books. News of the Council continues to appear in SREB publications and releases. But some other publications that had become traditional in the "old" Council have changed. The high cost of production and distribution has forced a cutting back from the production of voluminous agenda books preceding each meeting and equally hefty proceedings volumes published afterward. The staff has always assembled vital information, for example, enrollment and graduation statistics, and other related data of importance to the region's nursing educators, but these are distributed more inexpensively whenever possible. The proceedings of Council meetings are sometimes summarized, and sometimes the proceedings of several meetings are combined, as they were for example, in 1977.

Newsletters are not only less expensive than books but also more useful for keeping members current in a world where changes can sometimes be quite rapid. With that in mind, the Council began issuing a newsletter once again, as it had during the first years of the old project. The new newsletter first appeared in August 1977.

The financing of publications has changed. When the Council was a part of a project, the cost of publishing and mailing its materials was a budgeted item. The publications of special projects are usually still produced this way. But now, publications issued by the Council itself are often planned and produced with the expectation that their sale will meet the expense of producing them. Informational brochures and similar "service" publications are produced and disseminated, of course, at Council expense and are not sold.

Evaluating the Council. Under the old system, when the Council was a funded project, formal evaluation and final reports to SREB and funding agencies were a way of life for the Council director. Three such major reports were written and published, each at the end of a funding period (Belcher, 1968; Belcher, 1972; Spector, 1975). Under the new system, reporting and evaluation take different forms. The director reports annually to the Council, summarizing business and activities of the preceding year and describing any planning for new activities that is underway. These reports are circulated to the membership directly. Memoranda summarizing Council activity are submitted regularly to SREB. These materials are not circulated publicly as were the end-of-project reports; they are on file at Council offices. Formal surveys of the membership to assess Council usefulness such as the one conducted by Belcher in 1972 have not been repeated. However, members' assessments of Council work play an important role in the regular functioning of the Council. The partipants evaluate the Council, in a sense, when they cast a formal vote, when they participate in discussions at meetings or converse privately with Council leaders, and when they work on Council activities and projects.

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In only the strictly formal sense, then, have there been two Councils—the advisory body that helped propel a regional project in nursing education forward and the permanent organization that assumed reponsibility for its own action on behalf of Southern nursing and nursing education. In terms of the goals and the impact of the group, there has been but one Council. Perhaps the unity and the continuity of the Council are most evident in its work, the subject of Chapter 5. But before those achievements can be described, the Council's relations with its many constituencies must first be examined. The world of the Council is the subject of Chapter 4.

Chapter 4
The World of the Council: Its Constituency and Support

The Council has always worked in a world of interlocking institutions and agencies. Its immediate constituency is its membership—the administrators of collegiate nursing programs in the South. Through them, it serves the faculty and students in these programs. A larger constituency is the nursing profession, the individual nurses and their organizations. Although the Council is regional, it has many ties to the nursing profession at the national level. It is centered in the Southern Regional Education Board, which fostered its creation and continues to provide a home base, but the Council has also drawn support, both financial and advisory, from federal agencies and private foundations. This chapter delineates the lines of interlocking responsibility among all these constituents, and thus portrays the forces that define the Council's mission and determine its course of action.

Member Schools and Programs

The Council's rules and procedures pertaining to membership have been described (Chapter 3). Here, its relationship with member schools and programs is examined.

Conceived originally as part of a temporary project, as a means for Southern nursing school deans to assist one another as they worked to solve common problems, the Council proved so effective that participants wanted it to continue. Their wish, which lent momentum to the extension of the first project into a second five years and eventually to the establishment of a permanent organization, provides a key to understanding the Council's relationship to member schools. It has thrived because it has served the needs of the region's collegiate nursing programs. To survive it must continue to meet those needs.

Council rules do not make membership easy. At first, program heads were required to attend all Council meetings. Now, even though sending alternates is permitted, the dean or director must still act as the liaison between his or her program and the Council. The willingness of these busy people to devote precious time and resources to Council participation attests to its value.

What *are* the benefits of Council participation? Deans and directors, regardless of program type, have looked to the Council for assistance in

program planning and development, gaining accreditation, faculty recruitment and development, developing better relations with other types or levels of nursing programs, curriculum development, obtaining grants, developing continuing education programs, statewide and regional planning, recruiting students, and meeting the needs of minority and disadvantaged students, to name but a few. Even when the Council's focus on a problem or issue leads to no specific action, members gain much from the exchange of information that Council attention and discussion produces. Indeed, the Council's role as a medium of communication is often called its most important service.

The benefits of membership vary somewhat, depending on the type of nursing program. The experience of different types of nursing programs, as indicated by highlights of the Council's work with each, creates a composite portrait of Council-program relations.

Associate Degree Programs

The two-year collegiate programs in nursing that led to the associate degree began as an experiment. First outlined in Mildred L. Montag's dissertation in 1950 and tested in the Cooperative Research Project during the 1950s, the Associate Degree in Nursing (ADN) caught on quickly. It flourished as the community college movement itself flourished. The success of the ADN programs shaped their relationship with the Council; they contributed to its growth and strained its resources. The resulting tension in the Council reflected tensions in the profession as a whole.

Even as the Council was being planned, some questioned the wisdom of including representatives of ADN programs. The only dissenting theme that Belcher encountered as she toured the South before the October 1962 planning conference was the "opposition" of some deans of baccalaureate and master's programs to a project "so broad" as to include AD program heads. Opposition subsided, she said, but negative attitudes persisted as an "undercurrent" throughout the first project (Belcher, 1968, pp. 3, 6). The opposition notwithstanding, two-year nursing programs were included from the outset, for SREB was firmly committed to the community college movement.

Group A was formed as a subgroup of the Council in 1963. It consisted of 14 of the South's 19 directors of ADN programs. Three years later the group was conducting sessions for 60 people (Belcher, 1968, p. 23). By 1971, as the Council began to reorganize, 134 AD programs were listed on the Council roster as official members, with 25 more as representatives of AD programs whose institutions were represented by the baccalaureate program head (Belcher, 1972, pp. 28-37). During this period of expansion, the Council had to cope with the responsibility of serving the needs of still

another group: the heads of ADN programs established in junior and community colleges so new that they were not yet ready for regional accreditation. Knowing that these nursing program heads were greatly in need of Council guidance, the director and the Steering Committee decided to invite them, too, to attend Council meetings (Belcher, 1968, p. 13). The 1972 roster, then, included another 15 AD program directors as visitors, over and above the 159 already on Council rolls (Belcher, 1972, p. 39). Deans and directors of ADN programs rather quickly became the largest subgroup in the Council.

The large numbers and rapid growth posed problems. Council leaders had difficulty keeping track of eligible programs, they were being formed so rapidly. In 1965, 12 new programs opened in 6 months, and 20 more were being planned (Belcher, 1968, p. 24). Group A meetings grew unwieldy, making discussion difficult. Some deans and directors of baccalaureate and graduate programs reacted warily, worried that their goals for collegiate nursing education might be at risk with the growth of this new giant. Having fought, with all of nursing, for wider acceptance of the idea that professional nurses should receive not hospital training but a full-fledged collegiate education, many people saw the emergence of a two-year program leading to the same licensure as that obtained after four years as a threat.

The heads of AD programs were not themselves always certain about the nature and aims of the associate degree. At the first Council meeting, Group A composed a basic statement about ADN education to present to the whole Council for approval. It described the ADN program as a "technical, self-contained, or terminal program" intended to prepare RNs to "give patient care in beginning staff level positions" (Belcher, 1968, p. 145). The statement's approval was important for several reasons, said Belcher: "It marked a major step forward in shaping the attitude and understanding of directors of other levels of programs. At the same time, it committed ADN program directors to certain beliefs, and provided guidance to heads of new programs" (Belcher, 1968, p. 144).

The guidance to which Belcher refers was the most important service the Council had to offer to ADN programs during the early years. The Council concentrated on finding ways to assure orderly development in ADN education in the region. Group A, meeting with Mildred Montag, recommended Council action to that end in the following areas:

- Formulating criteria for the establishment of new programs;
- Alerting institutions planning new programs to the acute shortage of qualified faculty members;

- Offering consulting services and workshops or conferences to institutions sponsoring new ADN programs, to state boards of nursing, and to college administrators;

- Encouraging discussion among administrators of nursing programs at all the levels;

- Increasing the availability of continuing education for ADN faculty members;

- Helping ADN programs recruit faculty members from among the graduates of nursing programs at higher levels;

- Exploring ways to make better use of faculty members. (Belcher, 1968, p. 24)

During the past 25 years these and corollary goals have been the object of many Council meetings, workshops, conferences, and projects. For example, the fourth meeting of the Council (spring 1965) devoted a session to the issues surrounding ADN accreditation, some of which had been precipitated by sections of the Nurse Training Act of 1964 (Belcher, 1968, p. 19). The Council's concern about the quality of new programs led to the regional workshops in curricular planning and teaching for ADN faculty. These four-day programs were held in 1965 and 1966 at the University of Florida and the University of Tennessee. Each culminated in the publication by the host school of a widely used report. These workshops are examples of the ways that the Council could be effective without itself mounting every idea developed in its committee and general meetings. The plan for these workshops emerged from Council deliberations, and the Council and SREB helped prepare the grant proposals, but the meetings themselves, funded by the W. K. Kellogg Foundation, were run and staffed entirely by the schools.

Whether directly as sponsor or as catalyst, the Council spawned projects that helped bring more order to the vigorous growth of ADN education in the South. In Belcher's view, the Council's work was at times so important that "the quality of ADN programs in the South would have suffered substantially" without it (Belcher, 1968, p. 26). Her assessment has been seconded by others (see evaluations, for example, in Belcher, 1968, 1972). Typical of comments from AD directors is this one: "Almost all facets of growth in our program have been touched one way or another by the activities and actions of the Council. We would never have moved so soundly as we have without this participation" (Belcher, 1972, p. 111).

Program heads have seen the Council as the stimulus for change or the source of ideas for new projects, as the means for gaining more knowledge

and a fuller awareness of the broad issues affecting nursing, as a source of insight into the problems and points of view of the people heading other types of nursing programs, and as the source of specific skills and facts otherwise hard to come by. It is credited by some for having profoundly changed their thinking or for having increased their confidence and skill as administrators.

Such protestations of indebtedness to the Council by its ADN participants suggests at least the following: First, the rapid expansion of an entirely new program type carries with it great risk. Equally risky is the chronic reliance of all of nursing education on barely qualified or even unqualified faculty and administrators, people whose academic credentials above the baccalaureate level rarely have compared well with those of counterparts in other academic fields. The two risks combined in AD nursing education to create an unusually high level of risk for some programs. They were trying to catch up at the same time they were expanding, with little tradition to back them up. When one considers that the AD programs would also assume much responsibility for educating minority and disadvantaged students, it is little wonder that the AD programs heads were so fervently thankful that the Council was available to them. (The Council's focus on minority and disadvantaged students is discussed in more detail in Chapter 5). Indeed, it is probably no exaggeration to say that the Council has been for 25 years one of but two or three sources of constant, direct assistance to ADN program administrators (the others being the NLN, other regional organizations, and federal agencies). For Southerners, the Council has remained the most accessible and relevant of all of them.

Baccalaureate Programs

Representatives of baccalaureate programs formed Group B, which remained smaller than Group A. The size of Group B was sometimes an advantage. Its members came to know one another fairly quickly, and they experienced far less of the pressure from the influx of newcomers than did Group A. The resulting rapport in Group B was helpful when informal, frank, open discussion or movement by consensus was necessary. Nevertheless, lack of numbers often is not an advantage. At times, the baccalaureate deans and directors have expressed the belief that their interests were getting short shrift.

The baccalaureate program was the traditional collegiate program for preparing students for licensure and practice as RNs. However, as the representatives of these programs were to discover, the advantage that represented in nursing education could seem to pale beside the enormous growth of the ADN. The baccalaureate deans and directors, in short, have been on the defensive throughout the history of the Council, whose own

origins in the early 1960s coincided with the sudden spurt nationally in the growth of AD programs. No less than their professional counterparts throughout the nation, they have struggled with problems that result from the existence of two academic programs leading to licensure. The issues are probably nowhere more evident than in the preoccupation with defining the distinctive qualities of the BSN. Competition from ADN programs stimulated a search for ways to make clear, especially to students and to the employers of nurses, what there was about the four-year nursing program that set it off from the shorter program.

The issue was raised at the Council's first meeting in October 1963. A task force appointed to study the matter elaborated in its report on the NLN statement on baccalaureate nursing education; it attempted to lay bare the factors that make the description of BSN distinctiveness difficult. The report was presented to the Council but was never adopted, the consensus being that individual faculties should discuss the matter (Belcher, 1968, pp. 27-28). Belcher believed that reaching agreement in the Council on issues like this was not necessary, that there was positive value in sharing beliefs and airing differences (p. 27). Nonetheless, the pattern was to be repeated often: It seemed characteristic of the baccalaureate programs that they would tackle in Council sessions problems that would best be solved individually by each program. Under the circumstances, the Council's contribution to solutions was just as Belcher had anticipated: It provided the means for program heads to better understand problems and to draw assistance and support from colleagues. Its official action, however, would remain minimal.

In the early 1960s the pattern may be explained in part by the fact that accreditation still was being sought by many baccalaureate programs. In 1962-63 nearly half the Southern baccalaureate programs still were not accredited (Belcher, 1968, 43). In the face of faculty shortages, schools had little choice but to focus on this more pressing goal and to let other problems go unattended for the time being. Philosophical issues, even "hot" ones like baccalaureate distinctiveness, inevitably took the back seat. So, too, would the long-range continuing education plans suggested by the Continuing Education Committee to the deans of baccalaureate programs (Belcher, 1968, p. 43).

The Council was far more than simply a place for baccalaureate program heads to talk with colleagues, however. It could be helpful by showing them how to deal with such problems as the shortage of funds, shortages of qualified faculty members, and the difficulty of identifying and attracting qualified students. Effective solutions to these problems depended on planning at the state and regional levels. Here, Council participation proved critically important. The Council meetings during the early years provided the occasion for state groups to assemble informally.

The Council thus was a mechanism for encouraging state-level planning, without becoming officially involved. Regional planning, of course, was its bailiwick.

Baccalaureate deans and directors also found considerable help from the Council meetings in curricular planning and improvement. Also, faculty development was an especially acute need in the early years of the Council, when accreditation was still to be won by so many member institutions. Group B members instigated a series of Council activities whose goal was to upgrade baccalaureate faculty in specific areas. Activities included workshops, in-service study-visits, conferences, and seminars, held throughout the region. They provided faculty members of BSN programs with instruction in teaching psychiatric nursing, maternal and child nursing, epidemiology, and cancer nursing, among others (Belcher, 1972, p. 71). Workshops in management and administration for deans and directors of baccalaureate programs were offered, also thanks to Council discussion and planning (Belcher, 1972, p. 60). These events were held separately from the regular Council meetings. Typically, each was sponsored and funded by an individual school or agency, but they were proposed and planned under the Council aegis.

The relations of baccalaureate programs with other nursing programs also improved as a result of Council influence and activities. Some baccalaureate program heads reported in response to evaluation questionnaires that, thanks to their Council experience and their better understanding of the issues, they had been able to improve their own policies and procedures, to cite an example, for admitting ADN graduates to their programs with minimal loss of credits. Relations between baccalaureate and master's programs also improved, especially after the fall 1964 meeting of the Council, which focused on the issues. The solution to faculty shortages in baccalaureate programs lay with the expansion of master's programs.

That, in turn, required a better understanding by BSN people of the admissions policies and program content of the master's programs. The solution to their mutual problems, in short, rested on the mutual exchange of information and on enhanced cooperation. The Council, again, provided the medium.

Perhaps the most important consequences of participation in the Council—one reported frequently to Council leaders—was the greater credibility among academic colleagues that the baccalaureate deans and directors seemed to enjoy. They often headed nursing divisions in large universities, settings where the nursing professionals often have had uncertain academic status. The sophistication the deans gained through Council participation—sophistication both as to issues in higher education and in health care—enhanced their effectiveness in dealing with other department heads and university administrators.

Helen C. Belcher, Director, Nursing Project, 1962-1972; Winfred L. Godwin, President, SREB; G. Harriet DeChow, Manatee Junior College

Eula Aiken, Audrey F. Spector, Patricia T. Hause

Representatives of First Graduate Nursing Programs in the South

Sitting, L-R—Ada Fort, Florence Gipe, Marjorie Barthol, Julia Hereford, Florence Hixon. Standing—Mary Carol, Lucille Spalding, Amy Viglione, Virginia Crenshaw, Lynn McCarroll, Mary Margaret Williams, Genevieve Bixler, Gladys Nite.

Marie L. O'Koren
Chairman 1975-1978, SCCEN

Sylvia E. Hart
Chairman 1978-1982, SCCEN

Peggy J. Ledbetter
Chairman 1982-1984, SCCEN

Dorothy M. Damewood
Chairman 1984-1985, SCCEN

Cora S. Balmat
Chairman 1985- , SCCEN

Graduate Programs

The graduate nursing programs of the South also found the Council to be helpful. The Council could be instrumental because nursing programs at all levels are interdependent. When the Council was taking form in 1962 and 1963, graduate nursing education was beginning a period of rapid growth (Belcher, 1968, p. 51). Institutions running baccalaureate programs were under pressure to open new master's programs. That pressure was the consequence, largely, of the expansion of ADN education. The many new AD programs needed an ever larger number of RNs whose graduate education would qualify them to teach.

The intense pressure to expand presented the educators with many dilemmas. The first response among Council representatives was to call for careful planning, a highly predictable reaction in light of the experience of Council members who had participated in the earlier SREB project that established the region's first six graduate nursing programs. Cooperative planning in that project had proven to be the key to program success. Now, however, the call for careful planning was interpreted by some as a subtle way for existing programs to suppress new ones.

The issues were examined carefully by the Council. Finally, it decided that its role would be to advise, with the goal of strengthening new programs. It would not sift the worthy from the unworthy among the planned programs (Belcher, 1968, p. 52). After dealing with the problems again and again, as a whole or in committees and other subgroups, the Council ultimately developed a clear sense of its mission toward the region's graduate programs. It would encourage planning at the state level and promote more communication between the schools and state agencies. Also, it would work among its own representatives and, through them, among their faculties, to develop a better definition of what graduate programs should teach and of what skills and knowledge their graduates should possess.

Graduate nursing education was still in its infancy, and American nurses had a large task before them. Many Council programs and projects were designed to contribute directly to the development of graduate curricula and programs. Three Council meetings in 1965 and 1966, for example, focused on the preparation of clinical nurse specialists. In the late 1960s projects focusing on faculty development used such techniques as study visits, workshops, and seminars to improve the teaching in clinical fields at the graduate level. Notable among these efforts was the project devoted to medical/surgical nursing, begun by the committee on graduate education (itself an outgrowth of the earlier SREB nursing project) and culminating in 1970 and 1971 with work on the conceptual framework of the graduate curriculum under the leadership of consultant

Dr. Mary Harms. These efforts bore fruit in the form of a general conference in September 1970 and in two publications issued under the general titles *Improving Graduate Education in Nursing in the South*. The groundbreaking materials produced by these activities were critical to the emergence of viable new master's programs in the region.

Southern nursing education at the graduate level had been created under the SREB umbrella in the 1950s, and leaders in graduate nursing on the Council were strongly committed to regional cooperation. That tradition continued in work under Council auspices, for example, in joint recruitment efforts—both of students and faculty. Later, the focus in this arena would turn more specifically to the recruitment of blacks. Cooperation took many other shapes, some formal, as in the Bixler scholarships, but many of them informal, a method of choice for a relatively small group within the Council (17 schools and institutions, for example, were members of the Committee on Graduate Education in 1967-70 [Belcher, 1972, p. 86]).

The region's leaders in graduate education needed information to plan effectively. The Council called repeatedly for planning at the state and regional levels, but response to those calls would of course not be possible without facts. Once again, the Council and SREB could and did act. They provided deans and directors annual reports of trends in admissions and graduations from the region's graduate programs and with annual statistics regarding higher education generally in the South. In the fall of 1969 it was obvious that a full appraisal of the 14 existing MSN programs in the region was needed, along with more information about the new programs being planned. With extra funds provided by the W.K. Kellogg Foundation, a regional survey and study was launched in early 1970 under the direction of Dr. Helen Nahm. Her first report (Nahm, 1971) and a follow-up report (Nahm, 1972) provided the region's educational and nursing leaders with critical information and challenging recommendations. SREB viewed the project as a model in regional educational planning (Belcher, 1972, p. 58). And Nahm's follow-up consultation with state higher education officials in regard to planning graduate nursing education in 1972 was but one more example of Council impact.

Graduate program heads might credit the Council with assisting them in their development of strong, new programs, but they were frustrated by their apparent inability in the Council to do much about nursing research, at least in the early years. Discussion turned repeatedly in Council meetings to the need for research in nursing education and service, but even after completing its first 10 years the Council had not found a way to mount a regional effort in this area (Belcher, 1972, pp. 60-61). Success would come later (see Chapter 5 for details about the Council's research seminars).

Another advance that would have to wait until the time was right was the development of doctoral nursing programs. At the time the Council was forming, the region had just acquired its first six master's nursing programs. The first doctoral program in the region opened in 1971; in 1986, 12 programs were in place and 2 more were slated to open in 1987. As of July 1984, 55 doctoral degrees in nursing had been awarded by universities in the South.

When they have been asked to evaluate the Council's impact on their work and their programs, graduate deans and directors have been most enthusiastic about the value of the information that the Council could provide. That their focus should be on the raw materials of proper planning indicates how critical it is to establish the need for the programs before instituting them. Because the region's nurse educators have recognized that nursing has much to lose in opening weak graduate programs, they have sought every cooperative means of making each program as strong as possible.

The issues surrounding graduate nursing education have remained much the same over the 25-year history of the Council: The South, in which approximately a third of the nation's population resides, has now developed its proportionate share of graduate education programs; the proportion of master's and doctoral programs in nursing reflects the national proportion. Still, the region cannot afford to squander scarce resources—money, faculty, administrators—on programs that do not come up to par or that are redundant. The Council here, too, proves to be a key means for the exchange of information that makes good decisions possible.

Continuing Education

Continuing education programs within schools of nursing—that is, permanent subdivisions with staff and established curriculum—were slow to develop in Southern nursing schools. They continue to have an uncertain future. As late as 1969, of 194 member programs in the Council, only 65 offered any kind of continuing education (Belcher, 1972, p. 68); from among these, only 12 were identified as programs. The directors were invited to form the Continuing Education Group, which first met September 1969 (Spector, 1975, p. 18). The organization of this first ongoing group in continuing education in the Council (Belcher, 1972, p. 68) coincided roughly with the renewed push nationally for continuing education in nursing (pp. 69-70).

Continuing education, however, had long been a subject of concern for the Council. The reasons were clear: even as late as 1971, about one of every three nursing faculty members in the South's colleges and univer-

sities held less than a master's degree. Further, as Belcher pointed out, chances that they would earn a master's degree were remote, and even those who did hold graduate degrees were usually young and inexperienced. As Belcher concluded, "These were all strong arguments for developing more opportunities for faculty members to increase their competencies in teaching, curriculum planning, nursing, and administration" (Belcher, 1972, p. 74).

Faculty development, then, was at first the central mission of the Council's activities in continuing education, but as time wore on, a gradual shift occurred. Increasingly, all nurses, not just those who were teaching in academic programs, were the target population.

Council efforts focused on the needs of the administrators and teachers responsible for providing continuing education in nursing. The Council, for example, provided training in planning and running continuing education workshops. A workshop held in 1974 (Spector, 1975, p. 24) and conferences held in 1977 and 1979 (CCEN, 1979, p. 61) provided sorely needed and much sought-after training for faculty members responsible for educating adults.

In the general sense, almost everything the Council does in the normal course of events *is* continuing education. Each Council meeting, each workshop, seminar, or conference sponsored by the Council or planned under Council auspices, contributes to the ongoing education of participants. Moreover, the impact of these occasions extends far beyond the immediate Council membership.

Council members have often attempted to define their role and responsibility in providing continuing education in nursing. The first such discussion took place at the second Council meeting, spring 1964, when consensus was reached on the following points. Collegiate nursing programs at all levels, the Council agreed, should:

- Offer continuing education only to the extent that the degree program is not harmed;
- Provide leadership in interagency planning;
- Share resources and cooperate among themselves;
- Utilize the resources of other departments and schools;
- Encourage RNs to participate in continuing education (Belcher, 1968, pp. 44–45).

At this same meeting Council members also agreed that (1) all Council participants should help assemble complete listings of continuing education programs for use by all members, and (2) a regional program in continuing education be given high priority (Belcher, 1968, p. 45). Over the years, both ideas have proven difficult to execute. Comprehensive information about continuing education offerings is virtually impossible to assemble and keep up to date because so many different organizations and agencies in addition to the schools offer relevant instruction, and because a large share of the responsibility for continuing education in many universities lies with departments of continuing education, and not with the nursing programs. The lack of adequate resources in the early stages of Council existence prevented it from carrying through a regional continuing education program (Belcher, 1968, p. 43). Ultimately, a three-year regional project in continuing education for nursing was proposed by the Council and funded by the federal Division of Nursing.

The project, which began in 1980 under the direction of Eula Aiken, conducted a series of workshops scattered throughout the Southern region. The subjects were those of concern or interest to people running continuing education programs: for example, ways to determine the needs for continuing education in a given subject area, the management of continuing education programs, and the evaluation of continuing education activities and programs. A regional workshop was held, its purpose to identify the nursing specializations that might be addressed in continuing education on a regional level. Further, the project issued publications containing papers presented at the various workshops to extend the reach of the project (SCCEN, 1981 staff report, pp. 3-4).

From the beginning, the Council has tended to concentrate on short-term, discrete, and highly specific continuing education activities such as the project's workshops. These activities include (1) programs of study-visits of faculty members to other nursing schools, (2) projects (already mentioned in preceding sections) in teaching psychiatric nursing, for example, or cancer nursing, and (3) coordinate work with parallel SREB projects.

Most notable among the latter was the Council's assistance to Duff Browne and Dr. Mary Howard Smith in their work on the use of television in nursing education (among other fields) (Belcher, 1968, pp. 40-41). Television is a medium that clearly offers solutions to some of the most recalcitrant problems in bringing continuing education to far-flung students and in amplifying the reach of all-too-scarce faculty. The Council and SREB together were able to provide badly needed information and skills to the region's nursing educators whose wish to provide continuing education was so frequently frustrated by the shortage of resources.

The Council's Continuing Education committee acted as an advisory group for the Continuing Education project of the early 1980s and for the Council through 1986. The Council continues to be ready to respond to the needs of the directors of continuing education programs in the region's nursing schools, but continuing education activities have been carried on at a much-reduced level since the end of the project. The committee had planned annual conferences to be sponsored by the Council and held at member schools. However, the number of formal continuing education programs in Southern nursing schools has fallen—from a high of about 75 in the early 1980s to under 20 now. Continuing education directors now simply meet with one another during the regular Council meetings.

The lower number of programs is the result of several recent changes. Continuing education has lost some of its target population as increasing numbers of mature women decide to return to school to earn advanced degrees. Also, many programs have closed because they could not find a way to become self-supporting. Now, the typical continuing education director devotes only part of each week to continuing education and is expected to fulfill other duties in administration or teaching. The Council has responded to these trends by scaling down its continuing education efforts. Such change is typical of the Council's relations with all types of nursing programs: It attempts to match its program to the structures and needs of the schools its serves.

Despite the retrenchment in the area of continuing education, the Council remains committed to the concept. The Council itself is a kind of ongoing continuing education program for its participants, and it remains ready to act as a catalyst and resource for others conducting continuing education programs for the region's nurses.

The Profession

The profession as a whole—nurses and their state and national nursing organizations—are both Council constituents and supporters. There is little in the Council's formal record that directly discusses the Council's relationship with the profession, but that is certainly not because the relationship is unimportant.

The two leading nursing organizations, the American Nurses' Association (ANA) and the National League for Nursing (NLN), have consistently supported regional organizations like the Council. What is more, the two organizations have been important sources of leadership for the region. Dr. Genevieve Bixler was an NLN board member at the time she accepted appointment as the director of the SREB's first nursing project in the 1950s. Later, the Council would again draw from the national organi-

zations when Audrey Spector was appointed director of the Council in 1972; at the time she was serving the ANA as its Continuing Education Coordinator.

Given their common focus on nursing education, it is not surprising that NLN-Council ties have been important. The region's state leagues were instrumental in the Council's formation, as we have seen. The leadership of the regional group of state leagues and of the Council frequently overlapped. The NLN, the ANA, and the Council have developed many ways to work together. Each relies on the others for information, shared not only through the exchange of publications but informally and directly among staff and officers. The Council's director and leaders, as individual members of both organizations, regularly attend state, regional, and national meetings, keeping the lines of communication open and giving voice, where appropriate, to the Council point of view. Likewise, the Council has frequently invited NLN and ANA leaders to attend Council meetings as guests.

The Council also takes care to coordinate its calendar of events with those of the state nursing organizations to prevent conflicts. The Council and the state nursing associations and leagues exchange newsletters, and Council news is often carried in publications of the nursing organizations.

The Council and the nursing organizations have on occasion been instrumental in each other's activities, usually informally in a consulting role. At times, ANA or NLN officers and staff have participated in Council programs as panelists or speakers. The third Council meeting, fall 1964, heard a former ANA president on the legislative history of the Nurse Training Act (Belcher, 1968, p. 18), and the sixth Council meeting, spring 1966, heard Dr. Helen Nahm speak about the ANA's position paper on the educational preparation of nurse practitioners and assistants for nurses (Belcher, 1968, p. 21). Dr. Nahm was a member of the ANA committee that had proposed the statement, which among other assertions declared that the baccalaureate degree should be the minimum preparation for professional nursing practice and that the associate degree should be the minimum preparation for technical nursing practice.

This latter occasion, when the Council focused its attention on a controversial issue, points to a continuing difficulty for all nursing organizations that encompass nurses representing all types of nursing programs. The program types implicitly compete with one another—not only for students, funds, and faculty members, but also, at times, for primacy and even legitimacy. The twin issues of titling and licensure, raised for example in the ANA position paper, lie at the heart of the profession's most difficult problems. When a national nursing organization takes an official position regarding the type of nursing program that should lead to the title and

licensure as professional registered nurse, the Council as representative of all program types finds itself in a delicate situation.

The Council's response has been to avoid taking any stand as a group that would divide the Council and threaten its survival. At the same time, it provides its members with a means of exploring the implications of these extremely touchy issues for their own programs, and with the means of exchanging views with nurse educators having different views and commitments. That is, it serves as a forum in which—it can be hoped—eventually the solutions might be developed.

The ADN-BSN interface is particularly troublesome for the nurse educator. Council members have long hoped that the Council's tradition of courtesy and collegiality, which has helped them resolve some very difficult problems in the past, might help here, too. Whether or not it will remains to be seen. At the time this is being written, the outcome is yet unclear. The NLN nationally seems to be moving closer to the most recent position of the ANA, that is, that the baccalaureate alone should lead to the title "professional nurse" and to licensure as an RN. ADN educators, naturally, are hotly opposed. What will happen ultimately at the national level, and how that may affect the South's collegiate nursing program, is a problem that the Council must face and deal with carefully. Council leaders continue to hope that the Council can serve as a resource for nurse educators as they search for answers. The Council staff and its officers must identify ways to meet the needs of representatives of all program types on Council rolls, regardless of their individual convictions. Their role as leaders in the Council obligates them to make policy choices that protect the Council's mission to collegiate nursing education generally. Theirs is no easy task, especially as the issues remain unresolved over a number of years.

The Government, the Foundations, and SREB

The Council has drawn support, financial and logistical, from three sources: the federal government, private foundations, and the Southern states by way of SREB. The bulk of the funds over 25 years has come from the federal government, followed by the grants from the W. K. Kellogg Foundation. SREB has supplied a home, in many senses of the word.

Almost all of the federal grants have come from the U.S. Public Health Service. The Children's Bureau supplied funds for workshops in maternal-child nursing in the early 1960s, but most other grants were funds administered under the Nurse Training Acts by the Division of Nursing. Federal grants have been used to finance specific Council projects, both large and small. One federal grant supported the Council during its transitional period, 1972 to 1975.

The W. K. Kellogg Foundation of Battle Creek, Michigan, founded in 1930 by the breakfast cereal pioneer, is one of the five largest philanthropic organizations in the world. It assists projects to improve human well-being in the areas of continuing education, health and health services, and agriculture; it also seeks ways to broaden the leadership capacity of individuals. The foundation's program in health, under which the many grants to the Council have been made, has a strong focus in nursing and nursing education. The program was administered by Mildred L. Tuttle from 1937 to 1967, then by Barbara J. Lee until 1982, when she retired and was succeeded by Dr. Helen K. Grace, all three nurses with extensive backgrounds in health administration and nursing education. Through the expertise of its leadership, the foundation has profoundly influenced the shape of Council activities and projects.

Over the years of Council work many operating and funding procedures have been devised, varying with the situation. Most, however, follow the same underlying pattern: First, the Council generates the idea for an activity or project. The staff and Council officers, a standing committee, or perhaps an ad hoc committee prepares plans for a cooperative activity of regional scope and/or impact, recommending the specific ways that the Council and SREB might participate. The Council staff, drawing on the advice and resources available through SREB, drafts a formal proposal, which is submitted formally to the funding source. If the proposal is approved, the funds that are awarded come to SREB for it to administer on the Council's behalf.

In some cases the award is not to SREB and the Council but to a school that has been designated to administer the project. For example, at the end of the second 5-year period of the Council when its continuation was still in question, the Council developed a proposal for a research project that would be administered from the University of North Carolina rather than from the Council. In some instances, the funding is organized in several layers. One such case was a project in AD education that was funded first by Kellogg, which directed the funds to the Council at SREB. The project director, with Council assistance, selected seven schools to participate and assisted them in writing individual proposals, one for each site. When these proposals were in turn funded, those funds went directly to the schools, which administered them separately. In yet other cases the Council has participated in projects as a subcontractor, working under the direction of a school or another agency.

It must be said that the Council remains unfinished, even after 25 years of action. It began as a regional experiment in planning for nursing education and it remains just that, an ongoing experiment. Created by a project of SREB and still headquartered there, the Council's relation to SREB has changed. SREB's basic operating support comes from the

contributions of its member states, but these funds are not then divided and turned over to individual projects such as the original Council. Rather, SREB seeks grants from other sources on behalf of its special projects. Thus, regional grants for nursing made before 1975, whether from the federal government or from Kellogg, were awarded to SREB. Since 1975, while the Council originates proposals for special projects addressing regional needs identified by its members, grants that are thus obtained from federal or private agencies are awarded officially to SREB, which administers them on the Council's behalf.

As a dues-paying organization, the Council is now, for all intents, independent and permanent. Yet it continues in close affiliation with SREB, operating under a Memorandum of Agreement. Council staff members are employees of the Council, for example, but are subject to SREB personnel procedures and policies. Council funds are administered by the SREB accounting department. The Council director holds a joint appointment, serving both as SCCEN head and as director of nursing programs for SREB. The Council is the only SREB affiliate devoted to a single occupation.

Although the deans and directors of the region's collegiate nursing programs, on the one hand, and the region's higher education establishment, on the other, are both committed to the improvement of higher education in the South, they do not inevitably see problems alike. The differences sometimes occur because the nurse educators represent a predominantly female profession that still occupies an anomalous position in academia, one unlike that of any other field or health profession. Still fighting for unarguable status as a profession, nursing has had to carve out utterly new programs at both the undergraduate and the graduate levels over the past 25 years. Creating new curricula, new specializations, new training models, even entirely new degree programs, while working alongside academic colleagues whose fields rest on curricula and programs that have decades if not centuries of tradition behind them, nurses in higher education have had to work assertively to hold and—wherever possible—to gain ground. Under the circumstances, it is not surprising that the nurses, in their regional Council, would press hard, for example, to expand doctoral nursing programs even though some leaders in higher education outside of nursing eye expansion of nursing programs at the highest levels with caution.

So long as the region's nurse educators and their Council remain committed to the same overarching goals as SREB espouses, the Council-SREB affiliation can be expected to continue. They share a primary commitment to higher education, and not just for its own sake, but for its role in improving the health and welfare of the citizens of the region. They share a commitment to the idea that the graduates of Southern colleges and

universities must match the region's needs for specific knowledge and skills, that is, that planning in light of the manpower needs is essential. Finally, they share a commitment to regionalism, defining their missions in terms of the needs of the region *as a region*. Such a focus means relinquishing the notion that the South's needs and resources can be determined by simple arithmetic, adding up the needs and resources of the separate states. Rather, genuine regionalism requires cooperative planning and use, so that each state makes its contributions and enjoys its gains proportionately, in relation to all the others.

Chapter 5
The Work of the Council

The Council has directly, often profoundly, touched the work of the people who have attended its meetings as representatives of their schools and departments. If its reach were considered to stop there, its impact could still be significant. Nursing deans and directors have reiterated often their conviction that the Council has made "all the difference" to the quality of their administration and of their programs. Moreover, through the deans and directors the Council has improved the work of thousands of nursing teachers and tens of thousands of nursing students throughout the South.

But Council work has never stopped with once- or twice-yearly formal meetings and the publications derived from those occasions. It has sought additional ways to fulfill its mission. This chapter describes a selection of projects and activities that are rooted in Council deliberations or that operated at least partly through the Council and its members.

It might seem logical to think of the work of an organization like the Council as taking the form either of discussion or action. The Council sometimes seems merely to have talked about a problem without doing anything to solve it. In reality, however, discussion and action are not so readily distinguished. "Mere" discussion in some situations can accomplish much and may, in fact, be the most appropriate way to solve a problem. Thus, in selecting projects to use here as examples of the kinds of effort the Council fosters, we have not excluded those that have taken the form primarily of meetings. In fact, most Council projects have consisted of a blend of discussion and action.

Council leaders have planned and directed its work on the basis of principles that have remained the same throughout its 25 years. The two directors and their steering and executive committees have avoided undertakings that do not have a clear regional focus. Lacking such a focus, solutions to problems are better left to organizations working at the national level or at the state and local levels. Further, they have preferred activities that would involve people and institutions from several states and that would elicit wide participation throughout the Council (Belcher, 1968, p. 16). Projects that would only be demonstrations to the region by a single institution have been avoided. From the outset, Council leaders have directed the Council's work secure in the knowledge that the deans and directors who form the group would wish to be directly involved in any work to be done (Belcher, 1968, p. 16).

Because the Council cannot respond to every need that arises among the region's nursing schools, it has had to base its choices on clearly defined priorities. The director, assisted by Council leaders and with the approval of the Council as a whole, has established sets of priorities for periods at several points during its history.

In the beginning, when the Council was funded for 5-year periods, the proposals that were submitted to foundations and agencies from which support for the Council was being sought would identify and explain these priorities for the coming years. In the first period, 1963-68, the Council's action was to fall in four program areas: graduate education, the planning of nursing education, research, and new teaching media (Belcher, 1968, pp. 30-42). For the second 5 years, the proposal submitted to Kellogg committed the Council to concentration in three areas: statewide planning, graduate education, and continuing education (Belcher, 1972, p. 46). During the 1972-75 transitional period the priorities named were research and continuing education.

Beginning in 1975, when the Council became self-supporting, its setting of priorities was handled differently. The Council's leaders selected areas for emphasis and appointed standing or ad hoc committees to plan projects and activities in each area. The Council as a whole has on occasion asked the director and the Executive Committee to explore the possibility of instituting action in a given area. Such mandates have typically been the outcome of a Council program, and often were anticipated by the leadership.

Reluctant to proceed indefinitely in an ad hoc fashion, however, the Council's leaders asked members at the fall 1980 meeting to identify priorities for Council action for the coming decade. Discussion groups were formed based on program types. The reports from these groups were assembled and studied by the Executive Committee early in 1981; it then, in turn, developed an overall set of priorities for the 1980s (SCCEN, 1980; SCCEN, 1981). Six priorities for Council action emerged from this two-step process:

1. Devise ways to increase the number of nurses prepared at the baccalaureate and graduate level in the South, with special emphasis on minorities.

2. Devise ways to continue and expand research activities and programs with emphasis on collaboration across institutional and state lines.

3. Devise methods to increase career mobility opportunities for nurses in the South, from licensed practical nurse through the doctoral level.

4. Develop collaborative relationships between nursing education and nursing service.

5. Devise ways to initiate, promote, and support faculty development activities and programs addressing the life-long learning needs of faculty and deans and directors of nursing education programs.

6. Devise ways to examine and evaluate trends in graduate nursing education in relation to the need and utilization of graduate-prepared nurses. (SCCEN, 1981, p. 2)

Most of the ideas expressed in these priorities are not new to the Council; they reiterate the goals of many projects from the early years. In the sections that follow are brief descriptions of more recent projects that the Council has proposed or administered or otherwise assisted. Two projects exemplify the Council focus on nursing education: the research project of the late 1970s and the computer project still under way at the time of this writing. A third, a major effort instigated by the Council and that drew upon the talents of many Council people, was directed to the structure of the profession as a whole: the Nursing Curriculum Project and its successor, the Demonstration Project. Together, the two curriculum projects amounted to a decade of effort addressed to the enormously complex problem of career mobility in nursing, which is directly linked to the structure of nursing education. Two other projects involved the Council and many of its participants in regional action to improve nursing education for minorities and disadvantaged students. Perhaps no other work associated with the Council demonstrates so clearly the importance of the Council to the region. These projects are described in the pages that follow in chronological order, according to the year each began. Although this sampling of activities represents but a small fraction of Council activity over 25 years, it nonetheless reveals both the Council's reach and its impact.

Project IODINE and the Faculty Development Projects, 1977-1982

SREB and the Council have devoted considerable energy through the years to finding solutions to the educational problems in Southern higher education that are rooted in racial and cultural differences. Such a focus was probably inevitable, given the social history of the region, but the liberal stand taken by SREB was not always inevitable. It has steadfastly remained committed to the welfare of all citizens in the region, a stand that was not easy to sustain when public currents were moving the other way. Leaders in higher education throughout the region, nurses among them, have looked to SREB for accurate information, moral support, and guid-

ance when difficulties arising from interracial and intercultural conflict made program administration particularly difficult. During the upheavals of the 1960s and early 1970s, especially, the information and the support of colleagues, readily available to nurse educators through Council participation, proved to be a source of strength on many occasions. Many deans and directors recall gratefully the support available to them in the Council when they were working through the practical and emotional difficulties that the region's social dilemmas posed for them.

The Council has fostered numerous activities and sponsored many meetings concerning the racial, ethnic, and cultural differences that impinge on nursing education. We will describe but two, to illustrate the Council's approach to such difficult social issues.

At the end of the 1960s and into the early 1970s the Council addressed complex issues relating to minorities in nursing education in many of its deliberations. For example, James L. Godard, then head of SREB's Institute for Higher Educational Opportunity, explained its work to Council members on more than one occasion, inviting the support of the nursing deans and directors for the institute's goals. These included: (1) equal opportunity for all in postsecondary education, (2) full utilization of all institutional resources, from vocational schools through graduate institutions, and (3) acceptance of the notion that cross-cultural experience is an essential part of higher education, especially those programs preparing students for careers in teaching, welfare work, and the health professions ([Belcher], 1972, p. 7). Godard and the institute functioned for Council members as a vital source of information about the progress in race relations in Southern colleges and universities.

In June 1972 the Council convened 49 directors and faculty members representing the region's 15 traditionally black nursing programs so that they could discuss frankly and at length their common problems and concerns ([Belcher], 1972). One of the most worrisome problems for nursing at this time was the decreasing number of black women entering the nursing profession, a decline that began in the 1950s. Carnegie (1987) points out that although blacks at this time made up 11 percent of the U.S. population, the percentage of blacks graduating from programs preparing for RN licensure was only 3.2 percent (p. 44). It was becoming increasingly clear to many observers that blacks, among others, were underrepresented in nursing and that a better record in recruitment, enrollment, and graduations was essential.

At this same time the federal government was also searching for new ways to improve educational opportunities for the "disadvantaged" students. Increasingly, federal funds were being made available to nurse educators and students through such legislation as the Nurse Training

Acts, the first of which was enacted in 1964 (Hardy, 1987, p. 31), and the National Defense Act students loans, instituted somewhat earlier. The Division of Nursing met on several occasions with Belcher and representatives of SREB to discuss project ideas. These discussions culminated in 1972 in approval by the Division of Nursing of a contract to SREB for the purposes of conducting a three-year project to encourage the enrollment, retention, and graduation of disadvantaged persons in three college-based nursing programs in the South (Aiken, 1975, p. 1). Formally titled "Increasing Opportunities for the Disadvantaged in Nursing Education," the project soon adopted the memorable acronym IODINE.

Directed by Eula Aiken, who previously had served as director of the Department of Nursing Education at Mississippi Valley State College (Itta Bena), the project was centered in three demonstration sites: North Carolina A&T State University (Greensboro), Polk Community College (Winter Haven, Florida), and the University of Southern Mississippi (Hattiesburg). Polk College offered an associate degree program; the two others, baccalaureate programs. North Carolina A&T was the one of the three that was a traditionally black institution.

At each site a coordinator directed the work of a task force made up of representatives of the school's administration, admissions office, faculty from various academic fields, counseling and financial aid departments, and the student body. The task force, having assumed the role of agents of change, guided the project work in these areas: recruitment, admissions, admissions methods, support services, curricular adjustments, in-service programs for faculty, and evaluation of project activity. The goal at each site was to develop a model that other schools could follow for recruiting and admitting students who did not meet the usual admissions criteria and for helping them succeed in the nursing program.

The schools devised their own ways to adjust their standard procedures so as to facilitate the disadvantaged students' progress toward graduation without compromising academic quality. (Details about methods are available in the project's final report, Aiken [1975]). The 186 students fell into two groups—those especially recruited under the program and others already enrolled and identified as being in danger of failing without additional support. Project results indicated that their overall performance was about equal to that of other students. Moreover, the performance of the project graduates on state licensure examinations matched that of nonparticipants.

Project IODINE staff and participants concluded that the project had shown that supposedly "unqualified" students, given appropriate support, could master curricular requirements. One key to success, they found, was the belief of staff and faculty in the effectiveness of such programs as

IODINE, and their willingness to devote additional time and effort to them. Further, they concluded that the disadvantaged student does not so much create problems as reveal a program's existing ones. Most important, they concluded that "the barriers . . . resulting from racial prejudice and discriminatory practices cannot be ignored in educational endeavors to assist persons of diverse backgrounds to attain success. These factors must be recognized and addressed in ways that will facilitate individual growth regardless of the manifest cultural diversity" (Aiken, [1975], pp. 34-35).

The Faculty Development in Nursing Education project was proposed by the Council and funded by the Division of Nursing. It was designed to implement the recommendations of Project IODINE regarding faculty development, specifically, that "high priority must be given to the provision of increased opportunities for nursing faculty to learn more about strategies for identifying and alleviating learning problems" (Aiken, [1975], p. 39). It began March 1, 1977, and was originally planned to run three years, but it was later extended for an additional two years, so that it terminated in November 1982.

This new project was also directed by Aiken, who was succeeded by Onalee Johnson. The purpose of the new project was to identify ways to help nurse faculty cope more effectively with the needs of students from diverse or disadvantaged backgrounds. The project would help teachers identify the obstacles to learning, select appropriate alternate teaching strategies, and use various support services that might be available to them.

The project centered on 20 sites, though it conducted region-wide activities as well. The director, assisted by an advisory committee and an evaluation team—each made up of five experts in education, research, administration, and minority group issues—selected the 20 sites from among the 47 college-based nursing programs that asked to participate. (The 20 was reduced to 17 during the extension period of the project.) The original 20 represented 11 Southern states; 3 private and 17 public institutions; 3 traditionally black institutions; and 11 ADN and 9 BSN or higher programs. The project at each site was administered by a task group and a task group leader.

Each site developed goals to fit its own local situation (see Aiken, 1980, pp. 45-46, for a complete list). In all, more than 70 campus workshops were held at project sites. The topics varied widely, covering, for example, culturally determined communication styles, techniques for reducing anxiety, teaching strategies, evaluation strategies, the impact of student lifestyles on teaching and learning, and the teaching of values. At 11 sites activities focused on learning and teaching styles and how these could be

used to improve learning experiences; at 4 sites the focus was on the identification of learning obstacles and the use of appropriate measures to overcome them; at 5 sites the emphasis was on increasing teachers' awareness of cultural values and variations.

In all, six regional conferences were held under the project's auspices, extending its reach well beyond the 20 sites. Attendance at the conferences averaged a hundred or more. The first, held in Atlanta in October 1977, was entitled "Enhancing Teacher Effectiveness." It looked at the misunderstandings and stereotypes that erect barriers between students and teachers, and it examined strategies for breaking through those barriers. The second regional conference, held in Atlanta, in October 1978, on the subject, "Evaluation: The Hidden Agenda," proved to be so important in the eyes of nurse educators that it was repeated in June 1979. These conferences were led by two consultants: Eleanor Lynch of Hampton Institute and Sue Legg of the University of Florida in Gainesville.

A third conference, "Teaching-Learning: Selecting Effective Strategies for Success," was held in October 1979. The focus was on the elements of effective teaching, the use of the self in teaching, creating dynamic learning experiences, and selecting methods and materials. Another conference on evaluation was held on October 1981, entitled "Evaluation: An Enigma or a Key." Two regional conferences were planned by and held at member schools. Tidewater Community College hosted 83 people, who heard presentations on "An Integrated Competency-Based Approach to Success in Nursing" in February 1982. The University of Maryland welcomed 96 to its "Culture and Values: Facilitators/Barriers of Teaching and Learning" in March of the same year.

The project's final conference was held in Atlanta in April 1982. Entitled "Retaining Students of Diverse Backgrounds in Schools of Nursing," it provided an occasion for the task groups from the individual sites to share the successful approaches they had developed on their own campuses.

Not only did the project publish the proceedings of these regional conferences (Faculty Development in Nursing Education Project, 1979, 1980, 1982), it issued a quarterly newsletter called *Project Report*. The publications were sent to all collegiate nursing programs in the region and to selected schools and agencies around the nation. The newsletter reported project activities and included general articles concerning the issues relating to minority and disadvantaged students. Two of its issues were devoted to the teaching of adult students.

In the words of Dr. Aiken, this project was "a catalyst in helping over 500 nurse educators confront some highly controversial issues." Project

directors and evaluators saw evidence that participating faculty were more knowledgeable about their own and students' learning styles, more able to use effective teaching strategies, more sensitive to students' needs, and more adept in their relations with colleagues from different backgrounds. The beneficial impact of the project was evident in the pressure to repeat the regional conference on evaluation, to extend the original project two years, and in the comments of some participants. One confessed that work in the project "made us aware of problems we did not realize existed." Another said that it "helped us identify learning obstacles" and to correct the rate of attrition at the school. Some faculty and administrators reported increased retention rates, which they thought were partly attributable to the work of the project (Aiken, 1980, p. 38). Perhaps most important was the project's role in stimulating plans for continuing activity at many sites after the project was due to end.

Career Mobility and the Curriculum Projects, 1972-82

One of the more ambitious undertakings proposed by the members of the Council addressed the nursing professions's most complex problem—its lack of career mobility. High school graduates who wish to become nurses face a confusing array of choices: At the most basic level they may train to become licensed vocational or practical nurses; for entry into practice at a more advanced level they may choose from the competing programs that lead to licensure as a professional registered nurse; at the most advanced levels they may accumulate graduate credits or earn degrees that enable them to practice in clinical specialties, to conduct research, or to teach in and administer nursing schools. The types of educational programs leading to work at these various levels are vocational nursing programs, diploma (hospital-based) programs, associate degree programs (usually in community or junior colleges), baccalaureate programs, master's degree programs, and doctoral programs. Further complicating the choices, at the graduate levels nurses often seek degrees not in nursing but in allied fields—public health and education being among the fields most commonly chosen.

For many years the problem, besides the sheer confusion of such an array, has been that people trained in programs at the basic levels have not found it easy to move on into higher levels without penalty. A nurse who decided to return to school after several years of practice to earn more advanced credentials and thus to qualify for more advanced practice and better pay often found many obstacles erected by the educational system itself. An RN might be given little credit for coursework or practice already performed. Faced with time-consuming and expensive training that was redundant with past training and experience, the RN typically chose to give up—either the advancement in nursing or even nursing itself.

Recognizing that the profession was paying too high a price for the awkward qualities of its educational nonsystem, the lack of coherent articulation between the different nursing programs, the Council in the early 1970s began to discuss possible action to address the issues. Its concern was in part a response to the publication of the so-called Lysaught report of 1970, issued by the National Commission for the Study of Nursing and Nursing Education, which called for regional projects to study nursing curricula, with special attention to the articulation of programs. The Council sought funding for a three-year project from the W. K. Kellogg Foundation, which responded favorably. The project began in late 1972. Referred to by Council members and SREB staff as the Nursing Curriculum Project (officially, it was Regional Action to Improve Curriculums in Nursing Education), the project employed a staff headed by Dr. Patricia T. Haase, who was assisted by Dr. Mary Howard Smith. The project convened a 36-member seminar group of nurses, nurse educators, a physician, and a hospital administrator to help develop the project's conclusions and recommendations. The group met six times in two and a half years. Assisting the staff was a planning committee selected from among the seminar members and an advisory group of persons not themselves nurses but influential in nursing education.

The project's assignment was complex and challenging. It was to:

1. Determine the future directions of health care practice as it applies to nursing;

2. Develop a set of assumptions based on those determinations, to be known as a theoretical framework;

3. Determine the kinds of nurse providers needed by the health care system projected in the assumptions;

4. Define the characteristics of practice for the different levels of workers envisioned;

5. Determine the competencies needed by each level of provider; and, then,

6. Define broadly the body of knowledge requisite for the development of the specified competencies in the student or graduate.

The seminar members, in agreeing to participate in the creation of such an intellectually wide-ranging set of tasks, committed themselves to long and often trying working sessions with the group and to time-consuming research and writing back home. That they succeeded in producing a blueprint for a coherent system of nursing education matched to a clear

role structure for the profession with accompanying taxonomy of nursing competencies is a monument to their intelligence and dedication. The project's five publications, published by SREB under the series title "Pathways to Practice," delineate the project's conception of the basic problem—research in the relevant systems that impinge on nursing, construction of a theoretical framework for a revised curriculum, and development of a proposed system for nursing education and practice. Its recommendations are summarized in the fifth and final volume of the series (Haase and Smith, 1973; Reitt, 1974; Haase, Smith, and Reitt, 1974; Haase, 1976; Nursing Curriculum Project, 1976).

Such an all-encompassing system of proposals virtually demanded testing. To enhance the credibility of the project's work, the project staff sought the support of the Council in the development of a proposal for a second, follow-up project that would oversee demonstrations of specific parts of the Nursing Curriculum Project recommendations, those relating to curricular innovations, at sites scattered about the region. (As conceived originally, the first project was to have demonstrated its findings, but that plan was abandoned when it became apparent that three years was not enough time to accomplish all this.) This second curriculum project, thus, was to be one with double layers—a central coordinating project to oversee separately funded subsidiary projects. Besides coordinating and assisting the demonstrations on site, the main project would ensure their consistency with the principles and recommendations of the initial project. It would also interpret and disseminate their findings. The project in its second phase was also directed by Dr. Haase, assisted again by Dr. Smith. As before, they made use of advisory and evaluating groups.

This Regional Implementation Project, funded by Kellogg also, was planned to last four years and to oversee demonstrations at numerous sites, each one addressed to one or more of the first project's recommendations. The subsidiary projects were also funded by Kellogg. Some were planned for a single institution; others were multi-institutional. Ultimately, more than 20 institutions and agencies were involved.

The centerpiece projects were those focused on RN education, that is to say, those addressing problems concerning the articulation of the basic collegiate nursing programs. These problems arise when the licensed RN seeks further education and training in search of upward career mobility. Seven projects—based at the University of Maryland, the University of South Florida, the University of North Carolina at Greensboro, Northwestern State University of Louisiana, Prairie View A&M University at Houston, the Medical University of South Carolina, and George Mason University in Virginia—addressed aspects of this issue. The project published four monographs on these projects: three were on general topics (the basic issues, the types of RN programs, and planning and operating

an RN program), and one reported the details of the seven demonstrations. All were in a series entitled "RN Programs: The Right of Passage."

Four more demonstration projects, all in Florida, concerned issues specific to ADN programs. Three focused on the problem of the mismatch of nurse educators' goals and hospitals' requirements of the AD nurse. These were based at Manatee Junior College and Santa Fe Community College, both of which developed new electives, and at St. Petersburg Junior College, which developed alternative teaching strategies. The results of these projects were published in a report entitled "Improving Clinical Learning in the ADN Program." A fourth ADN project addressed the issues surrounding the clinical competence of new graduates and the questions of transitional training to bridge the education-service gap. St. Petersburg Junior College formed a consortium with eight health agencies to develop and test a modular training program for novice nurses. This project was reported in the publication entitled "The Nursing Novice: Whose Responsibility?"

Six sites were involved in demonstration projects concerning the addition of clinical electives to the baccalaureate program, primary care being the subject area that was chosen. The demonstrations divided the problem into two phases: four sites mounted projects in faculty development—Emory University in Georgia, Mississippi University for Women, Texas Woman's University, and Virginia Commonwealth University/Medical College of Virginia—and two mounted projects testing clinical electives—Dillard University and Hampton Institute. These were reported in the publication entitled "Primary Care in the Baccalaureate Nursing Program."

Statewide planning was another area of concern to the demonstration project. The problem to be explored was how a given state might apply the Nursing Curriculum Project blueprint for nursing education to fit its individual situation and needs. Three projects explored these issues, based in the Council of Higher Education in Kentucky, the Board of Regents in Georgia, and the state Department of Health in Arkansas. These were reported in the project monograph entitled "Statewide Planning for Nursing."

Finally, two demonstrations focused on the Nursing Curriculum Project recommendation that graduate nursing education be strengthened and expanded. The University of Tennessee-Knoxville developed a project on the master's program in nursing, one that would provide post-baccalaureate education in nursing for persons holding degrees in other fields. The University of Alabama-Birmingham conducted a project to develop the content and teaching strategies for high-level clinical competencies at the graduate level, and to explore the feasibility of providing off-campus and

extended learning opportunities for graduate students unable to relocate for long periods in order to complete their programs. These projects were the subject of the publication entitled "Graduate Education in Nursing: Issues and Future Directions."

In 1982, when the demonstration projects were coming to a close, a decade had passed since the beginning of the original curriculum project. Having begun with the intention of taking into account the probable impact of social changes that were underway in the early 1970s, especially those in health care and in the role of women, the project ended after much change had indeed occurred, and when change itself seemed to have become a way of life. The findings and recommendations of the Nursing Curriculum Project were wearing well, as the demonstrations showed, and as many nurses and nurse educators throughout the South were discovering. The blueprint for nursing education that emerged from the 10 years' work would continue to be an important resource for the nursing profession in years to come.

The Research Project, 1977-80, and the Annual SCCEN Research Conferences

Council members turned often to the need for more research in nursing education and service, agreeing that the region's nurses and collegiate nursing programs could not realize their potential if more nursing research were not conducted and reported. But, action by the Council in nursing research was slow to take form.

The Council's predecessor project had established the South's first six master's programs in the 1950s, and expansion in nursing at the graduate level continued thereafter. By the mid-1970s the region boasted 34 master's programs in nursing and 3 doctoral programs (Spector, 1977, p. 272)—quite an accomplishment after just a quarter of a century. During this time, despite its concern for research, the Council devoted most of its attention to more basic areas. Research committees formed and reformed, and nursing research was the subject of many a workshop or meeting, but for nearly 15 years no Council research project emerged.

But, as is common in the Council, repeated discussion built up enough pressure to instigate concrete action at long last. In 1971 Helen Belcher convened the directors of three federally funded research programs—at the University of North Carolina, the University of Maryland, and the University of Virginia—as an ad hoc committee to develop a regional research project. Their work bore fruit, though not, strictly speaking, within the Council. In 1974 what became known informally as the first regional research project, based at and administered by the University of

North Carolina, was funded and underway. As this project was being developed, the Council's committee on nursing research conducted a survey of the region's resources in nursing research, the results of which were published in 1974 (Notter & Spector). When Dr. Lucille Notter, consultant for the survey, reported the findings to the Council that spring (Notter, 1974), the deans and directors responded with renewed enthusiasm for a research project based within the Council. They identified nursing education as the area of greatest concern and, further, as one that would not compete with the clinical focus of the ongoing research project in Chapel Hill (Spector, 1977, p. 275).

The 3-year project that emerged, entitled "Nursing Research Development in the South," was funded by the Division of Nursing, and began February 1, 1977. Its staff consisted of a full-time director, Dr. Barbara L. Mauger, and an assistant, initially Connie Steele and later Kenneth Huggins. The project's stated objectives were to:

- Identify research problems, focusing on but not limiting attention to nursing education;
- Establish priorities among the problems;
- Promote the development of research proposals;
- Encourage faculty use of students, other faculty, and other health professionals in research;
- Coordinate research efforts among the region's schools;
- Disseminate information about research activities. (Spector, 1977, p. 275).

Its long-range goal, as stated in the proposal submitted to the federal government, was "a viable ongoing research program in nursing" for the South.

An advisory committee of seven, representing all levels of collegiate nursing education, identified four high-priority research problems for the project. (1) the evaluation of clinical performance, (2) curriculum, (3) laboratory and clinical teaching strategies, and (4) faculty development (Mauger, 1977). These were to be the subjects of a series of special-interest workshops, which would provide researchers having similar interests with a "forum for collaboration and discussion, as well as an opportunity to receive training in research methodology" (Mauger, 1978). The project staff and advisory committee selected 78 applicants from 49 schools in 13 SREB states to participate, apportioning them among the four priority topics.

The researchers met and formed 19 work groups (later reduced to 17), each of which would conduct research in a specific problem. Each team, consisting of nurse educators from several schools, had access to advisors and consultants as they proceeded with their investigations. Each group met periodically to review work accomplished, plan the next steps, and draw on the advice of consultants. They also used conference calls to "meet" by telephone. The goal was the production of publishable research, and many of the work groups ultimately fulfilled that purpose. By the end of the project, groups had drafted ten articles and submitted three, one of which was already accepted. The Council also provided the groups with formal opportunities to present their findings to meetings of the whole Council, and these were printed in the Council proceedings. A number of these investigations found their way into print in refereed journals. Research that began under the auspices of this project continues to appear in the nursing literature.

The project fostered nursing research indirectly as well as directly. For three years it published a newsletter entitled *News Link*, which was ultimately being mailed to approximately 700 readers. It reported on the progress off the work groups and printed articles on conducting and reporting research (Mauger, 1979). The project compiled a roster of 300 nurse researchers in the region and invited them to submit abstracts of ongoing or completed investigations. The project then published two volumes plus a supplement of *Abstracts of Nursing Research in the South* (1979, 1980), altogether issuing abstracts of nearly 500 investigations in nursing service and education being conducted in the region. The abstract volumes were distributed widely throughout the South and to national nursing leaders, besides being submitted to ERIC to make the research accessible nationally. The project's regional workshops and conferences on nursing research, plus the papers presented at the fall 1979 Council meeting, resulted in several other publications. The project's final publication, *Nursing Education Research in the South*, appeared in 1980, and an article by the staff describing the project appeared in *Nursing Research* that same year.

The project succeeded in instigating ongoing support of nursing research in the South. It was the catalyst for the development of further Council work in the area. The people assembled by the project were reluctant to see an end to collaboration and support for nursing research at the regional level, and they began to push for Council sponsorship of a continuing research program. This pressure coincided with a report to the Council evaluating the project and the Council's own work on its priorities for the coming decade. In February 1981 Council leaders responded by deciding to institute an annual series of research conferences to be co-hosted by the Council and interested institutions.

The six conferences that have been held to date have been a resounding success. Each has attracted 100 to 200 people. Abstracts and papers are presented over a two-day period, and the proceedings of each conference are published, so that the abstracts and the texts of the papers receive wide distribution. The conferences were focused on the following themes and were cosponsored by the following institutions:

1981—"Measuring Outcomes of Nursing Practice, Education, and Administration"—The University of Texas at Austin

1982—"Implications of Research for Nursing Practice"—The University of Alabama in Birmingham School of Nursing

1983—"Research in Nursing Practice and Education: Collaborative, Methodological, and Ethical Considerations"—The University of Maryland School of Nursing

1984—"Nursing Research as a Diagnostic Approach in Nursing Education, Administration, and Practice"—Texas Woman's University College of Nursing

1985—"Extending Nursing Science and Practice Through Research and Theory Formulation"—The University of Florida School of Nursing

1986—"The Tao of Nursing Research: 21st Century Nursing Research Odyssey"—Northwestern State University of Louisiana School of Nursing

The Computer Project, 1985-88

The Council has long been concerned with the impact of technology on nursing practice and education. For example, it devoted an entire meeting to the use of television in nursing instruction, cooperated in the nursing section of SREB's educational TV project in the late 1960s, and assisted with the SREB-NIMH development of videotapes concerning mental health education in the associate degree curriculum. Recently, the Council's interest in the impact of technology on nursing has centered on the computer, especially the personal computer, which by late 1979 and 1980 was invading American offices, homes, and schools. Council members began to express interest in knowing more about the use of the computer in nursing education.

In 1983 the Council conducted a survey of nurse administrative heads of undergraduate programs to gather information to use in two ways: to plan the program for the fall meeting that year and to develop a proposal for a

regional project for nursing faculty. As Audrey Spector reported to the Council at the fall meeting, knowledge about computers among the administrators and faculties of the region's nursing schools was low, but interest was very high. Some nurse educators were beginning to acquire at least a nodding acquaintance with the new technology, but most felt they needed to know more about how the computer might be used to enhance their teaching, how to select equipment or software, and even how to develop software themselves. Strong support for the proposed computer project was expressed by the deans and directors (Spector, 1983).

The 1983 annual Council meeting was devoted to the nurse administrator's needs, including the basics of computer use and application in the classroom and in the health care system. The deans and directors attending the meeting heard papers on such topics as the future role of the computer in nursing education and practice, the use of the computer in administering a nursing program, instructional uses in nursing education, and use in nursing care. They also saw computer hardware and software demonstrations, and heard the Council director's report on the spring survey. The proceedings of the meeting were later published by SCCEN under the title *Computer Technology and Nursing Education*.

In the months following the survey and the meeting, the Council staff, assisted by Council leaders, developed a proposal for a three-year regional project to provide continuing education designed to strengthen the ability of nurse faculty in basic collegiate programs to use computer technology as an instructional tool. Entitled "Continuing Nursing Education in Computer Technology," the project was funded by the Division of Nursing. Project work began March 1, 1985. The project was directed by Audrey Spector for the first six months, after which Dr. Eula Aiken, her work on another SREB project completed, assumed the helm. The project director is assisted by an advisory committee of five, who contribute to the planning, implementation, and evaluation of project activities. The project also has the advice of a consultant, Dr. Kathleen Mikan, professor and director of Learning Resources at the University of Alabama in Birmingham.

The project has conducted several kinds of activities: basic workshops for faculty with little or no computer experience; regional workshops and conferences; ongoing assessment of the most pressing needs in the South in this emergent field in nursing education; and various forms of networking among the nurse educators who are using computers.

The basic workshop series is a set of five workshops offered in six host schools—the University of Alabama at Birmingham, the University of Florida in Gainesville, the University of South Carolina in Columbia, the University of Tennessee Center for the Health Sciences in Memphis, the

University of Texas at Galveston, and the Medical College of Virginia/ Virginia Commonwealth University in Richmond. As the project is offering the same series in all six locations, there are few nursing instructors in the region who are not within easy traveling distance of workshop locations. The topics of the five workshops are:

- Moving into the Age of Computer-Supported Nursing Education
- Using Computers as Instructional Tools
- Software Selection, Production, and Evaluation
- Computer Applications in Nursing Education
- Managing Computer-Supported Education

A coordinator, who serves for the duration of the project, and resource persons selected to assist with individual workshops, are associated with the project at each of the six host schools. These people form the core of the project's networking efforts and, as they become increasingly expert in the role of the computer in nursing education, they also form an invaluable resource for the whole region, for their knowledge and experience gained in working on the project is unique.

The project has also held regional meetings. One, at Alcorn State University in May 1985, directed attention to some of the most pressing problems regarding the use of the computer in nursing instruction, most especially the selection, production, and evaluation of software. Participants focused on the issue of quality, attempting to define what makes instructional software good and to develop tools for the nurse educator to use in evaluating software. A Computer Software Evaluation form, including the definition of quality software drafted at the workshop, then tested and finally revised by a specially convened group of experts, was published in 1987. A conference held in October 1986 in Atlanta provided an opportunity for nurse educators from the region to explore ideas and to recount their experiences with the use of the computer in their professional lives. Among other topics, the participants discussed the philosophical base of computer applications in nursing education, computer applications in clinical settings and their implications for curricular development in nursing education, the benefits of computer-supported nursing education, and the possible impacts of information processing in nursing education.

The networking idea has produced some interesting results, which would surprise no one familiar with the effect the computer can have on the ways people work. The usual means of amplifying a project's flow of

information around the region are used by this project, namely, newsletters and reports of project meetings. Moreover, people attending the basic workshops are encouraged to share experiences, swap programs, share program development ideas, and set up local networks. A film introducing the concepts of computer technology is available on loan from the project's headquarters to nurse educators who are introducing the use of the computer to students or fellow faculty members. But because the computer itself is a new and powerful medium of communication, it has become a means, and not just the subject, of the project's work. An electronic bulletin board is being explored under project auspices to serve nurse educators who are using computers. Participants, using the computer's ability to communicate with other computers via telephone lines, can use the bulletin board to share information about meetings, software and other products, software development ideas, summaries of conferences, and many other subjects.

Another networking activity is the project's roster of nursing educators in the region who are using or developing computer courseware. The first roster was issued in March 1986. Its purpose is to encourage nurse educators at different institutions to find ways to work with one another and to share information and experience. The project has encouraged nurse educators who have participated in the regional computer project to participate also in the ANA computer network, sponsored by the national organization's Council on Computer Applications. As of September 1986 the ANA roster included the names of 48 nurses in twelve SREB states, 21 of them identifying education as their primary interest. This is just one of a number of ways that participants have found to locate others who are using computers and to work with these colleagues. In some cases, the nurses are working across disciplinary lines, sharing resources with academic colleagues in other fields.

As the project is entering its final phases, the director has identified a number of issues that will continue to need careful consideration by nursing educators. (These are discussed in a "Staff Summary" issued in October 1986.) One issue, all too easy to overlook while one is preoccupied with the technology itself, concerns the appropriate fit between the computer applications, on the one hand, and the philosophy and objectives of the educational program or its teaching and learning styles, on the other hand. The matter of "fit" has received little attention, to date. Another largely unexamined set of issues concerns the institutional rewards for educators who devote time and energy to develop uses for the computer in nursing education. Are such rewards as release time, promotion, and tenure being meted out fairly? Perhaps most interesting is the project's attention to the model for implementing the computer in nursing education developed by project consultant Dr. Mikan. This model presents a list of milestones to be accomplished as a department mounts an effective

program in computer-supported nursing education. In sum, the computer project is truly a pioneer effort, breaking new ground in nursing education at each turn.

* * * * *

This sampler of Council project work only briefly describes some of the most recent activity, but it highlights the common elements in all Council action:

- Every effort is made to reach beyond the immediate membership of the Council itself and to involve as many in nursing education as possible;

- Many different mediums of communication are used to bring the word to those who have not been directly involved;

- Participants are involved as actively as possible, encouraged to direct and administer for themselves various parts of projects rather than to sit passively to receive a program designed at one central location;

- Project work is seldom viewed as having a neat resolution, a stopping point at which a problem can be considered solved, but instead is usually seen as a starting point for further work, either at the Council or the local level.

Epilogue

Collegiate nursing education in the South has changed dramatically since 1950, about the time when nurse educators began to envision cooperative action at the regional level. At midcentury the South had 282 schools preparing young women for licensure as RNs, only 24 of them collegiate. In 1985 the region had 382 collegiate nursing schools. Of these, 105 offered the baccalaureate as the highest degree, another 46 offered the master's as well, and 12 offered the doctorate. In addition, there were 225 schools offering the associate degree, a collegiate program that did not exist in 1949 (Tatro, 1986, Table 1).

Nursing faculties in the South had also changed greatly since the midcentury. To begin with, there are nearly three times as many nurse educators serving on faculties across the region. In 1949, more than half the South's nursing teachers did not hold even the baccalaureate degree. In contrast, in 1985 nursing teachers holding the baccalaureate or less were in a small minority—12 percent. Nearly three-quarters, 4,137, held a master's degree, and fully 15 percent, or 834, held the doctorate (Tatro, 1986, Table 30).

Such improvement has profoundly affected nursing education in the South. Nursing students today have the benefit of a far more sophisticated education than was available to their predecessors in the 1940s and 1950s. The Council, of course, cannot claim credit for all the progress in the region's collegiate nursing education, but neither can it be omitted from accounts of the change. As this review of the Council's first 25 years shows, since 1963 the Council has typically added impetus to progress when not itself pioneering change that makes progress possible.

Perhaps we cannot measure the Council's impact on nursing education and service in the region, but we can assess two closely related matters—how it has managed to be effective and what sort of impact has it had. The key to the Council's effectiveness has been its unswerving focus in all its meetings: Regardless of the theme or topic at hand, each meeting addresses two questions: (1) What are the needs of the schools that are members of the Council? (2) What can the Council do to meet those needs?

In focusing its attention so intently on these two questions, the Council has made itself particularly valuable to the deans and directors who participate. Many of these program heads say that the Council is a constant source of assistance, feedback, and inspiration that matches their special concerns. Meetings of the national nursing organizations, they point out,

tend to be more diffuse, less focused on the concerns of an administrative head and more directed to the needs of faculty members generally or to the profession as a whole. Moreover, the Council assembles representatives of all the types of collegiate nursing programs, an all-too-rare rare occurrence in nursing circles.

Reinforcing the value of the Council to administrators is the fact that the turnover among the participants has been relatively low. One reason is the Council's reach through an entire region of the country. Another is its insistence on institutional rather than individual membership. The Council has many "old hands" who return again and again. The degree of trust people have built among themselves, to say nothing of the information they possess, is a fund that the Council can draw on heavily with little fear of emptying the accounts.

The Council has done more than help its participants do their jobs more effectively, though that would be accomplishment enough. It has cultivated the potential for leadership among nurses of the South. Many who have served on Council committees or as officers have said later that they gained more than they gave. Some have moved on from positions of regional importance to work in national organizations. Others have turned their attention to applying their skills and confidence to leadership roles in their universities, their communities, and their states.

The Council, with SREB behind it, has made Southern nursing a presence to be reckoned with in national circles, both in education and in nursing. It has been a magnet, drawing a large amount of funding into the region from government and private sources for research and action in nursing. Its publications have added substantially to the body of nursing literature. Its projects and activities have shaped the thinking and the work of nurses throughout the nation. Now, representatives of funding sources regularly attend Council meetings, where the participants may meet with them individually. The representatives of national nursing organizations also attend, both to hear and to be heard. The Council has helped make regionalism a potent element in the "politics" of American nursing. In so doing, it has given higher visibility not only to the South but to many a Southern nursing school and nurse.

The Council's emphasis on regional cooperation and planning has stimulated similar action at the state level. In many states where the nursing programs meet regularly state-level organizing began at Council meetings. Thus united, the nurses in these states have greatly increased their impact on lawmakers and thence the laws that direct nursing education and practice.

Cooperation among the region's nursing programs for 25 years has

amplified the resources that were available to them, resources that at some points were in short supply. The presence of a mechanism that allows deans and directors to avoid costly duplication of services and programs has meant that every dollar spent in the South on collegiate nursing education has gone further. The rational, planned growth of the region's nursing programs has been a key to the success of one program after another. Moreover, it has prevented the disastrous consequences that can follow untrammeled growth, which threatened at several points.

Finally, the stability of the Council has been fundamental to its success in shaping Southern nursing education. Its stated purposes today are essentially what they were at its inception. Its way of working has changed only in technical details. It is still rooted in the notion that institutions, not persons, should be its members. The resulting constancy of the Council has given it the strength it needed when it confronted issues that loom large. The many problems that racial and minority issues raised for higher education, for example, or those that accompany the nursing profession's struggle to define the varying levels and roles in nursing practice, might have been the undoing of a less stable organization. But the center holds, even as the winds of change blow furiously.

In its commitment to cooperative action for the good of the entire region, the Council builds on a strong base, a deeply felt Southern identity. The South is a far more cosmopolitan place than it was 25 years ago, but even the newcomers are quickly caught up in the regional spirit. No small part of that spirit consists of the psychology of the underappreciated, a feeling that the rest of the nation is only beginning to see how much the South can do. An older, more traditional part of that spirit is the much-touted courtesy of Southerners. One sees both motives at work, not only at Council meetings but at national nursing meetings as well, where the Southerners seem inevitably to draw together, confident of their mutual trust and common cause. Their regional interests outweigh their differences. That quality distinguishes them from their professional counterparts from other parts of the nation.

The Council has taken the amorphous bonds of regional and professional loyalty and put them to active use. The South's collegiate nursing programs, its individual nurses, and the people they serve are all the beneficiaries of its successes.

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Appendix

The SREB Council on Collegiate Education for Nursing

STATEMENT OF INSTITUTIONAL PARTICIPATION

Introduction:

Recognizing the need for regional planning and activities to strengthen nursing programs offered by colleges and universities and nursing research in the Southern Region, the Southern Regional Education Board is forming a planning group to be known as the Council on Collegiate Education for Nursing.

Purpose:

The purposes of this Council will be:

- to advise on policies and activities relating to regional improvement of collegiate nursing education and research in nursing.
- to provide for a medium of exchange of ideas and experiences among Southern colleges and universities offering nursing programs.
- to identify problems related to collegiate nursing education and research which need cooperative study or action.
- to stimulate research in nursing within the colleges and universities in the Southern region.
- to encourage appropriate regional activity to strengthen collegiate nursing education and research in nursing.

Institutional Participation:

Regionally accredited colleges and universities which offer programs in nursing leading to associate, baccalaureate or higher degrees (including programs in public health for nurses), and which are located in any of the fifteen states that comprise the Southern Regional Education Compact, are invited to participate in the activities of the Council. Participation in the Council will be for such time as desired by the cooperating institutions or for so long as this regional arrangement is in effect. Each participating institution will be represented on the Council by a nurse educator appointed by the president or administrative officer of the respective institution. Institutions with nursing programs administered separately by a school of nursing and a school of public health may have two representatives, one from each school, if desired.

Responsibilities of Institutional Representatives:

The responsibilities of institutional representatives will include: attending periodic meetings of the Council; assisting in various regional nursing activities; keeping personally informed about regional needs and activities relating to nursing education and research; and as appropriate keeping other members of the nursing faculty and college or university administration informed.

Meetings:

Meetings of the Council will be held once or twice annually upon recommendation of the steering committee of the Council. Attendance at Council meetings will be at institutional expense. At these meetings, each representative of a participating institution present will be entitled to one vote.

Steering Committee of the Council:

A steering committee of the Council will be appointed annually by the Board to act for the Council between meetings and to advise and assist the nursing project director in carrying out recommendations of the Council including the appointment and dissolution of working committees.

Nursing Project Director:

The Council will have the services of a highly qualified nursing educator as project director who will be a member of the SREB staff and who will coordinate the work of the Council, including the following functions: bringing to the attention of the Council needs and ideas for activities to strengthen nursing education and research; assisting in planning, and conducting meetings and conferences; maintaining information about nursing education and research; maintaining communication with Council representatives between meetings; assisting colleges and university groups in problems of nursing education and research; and maintaining liaison with national and regional groups on problems and projects related to nursing education and research.

Statement of Institutional Participation in the Council on Collegiate Education for Nursing

I wish my institution to participate in the Council on Collegiate Education for Nursing and designate the following nurse educator as the institutional representative to serve on this Council:

Name of Institutional Representative: _____

Title: _____

Signed: _____

Title: _____

Date: _____

1963

Bylaws

ARTICLE I
NAME

The name of the Council shall be the Southern Council on Collegiate Education for Nursing, hereinafter referred to as the Council.

ARTICLE II
OBJECT

Section 1:

The Council, in affiliation with the Southern Regional Education Board, shall engage in cooperative regional planning and activities to strengthen nursing education in colleges and universities in the South.

Section 2:

Further objectives are:

a. To identify needs and resources for nursing and nursing education.
b. To plan and conduct regional activities to strengthen nursing and nursing education.
c. To provide a forum for sharing information and promoting communication among all types of collegiate nursing education programs.
d. To stimulate research in nursing and dissemination of research findings.
e. To conduct studies and publish reports on issues germane to the Council.
f. To adopt resolutions or position papers as a basis for planning and action.

ARTICLE III
MEMBERSHIP

Section 1:

Regionally accredited colleges and universities which offer programs in nursing and which are located in any of the states that comprise the Southern Regional Education Board compact are eligible for membership in the Council. Participation in the Council is for such time as the cooperating institutions and the Council desire, and as long as the participating institution pays the current membership fee.

Section 2:

a. Each participating institution will be represented on the Council by a nurse who has been appointed by the president or administrative officer of the respective institution and serves as the chief nurse

administrator of the nursing program. Institutions with nursing programs administered separately by a school of nursing and a school of public health may have two representatives, one from each school, if desired. These representatives shall be designated institutional representatives.

b. Individual institutions offering more than one type nursing program, i.e., associate degree, baccalaureate, master's, doctoral, continuing education, and/or research, are eligible to appoint the nurse director of each of these programs to the Council. Appointment of each of these persons shall be by the nurse educator who is the institution's representative on the Council. Such appointees shall be designated program representatives.

Section 3:

In those states which have a statewide system for nursing education or colleges or universities with entirely separate schools, each component institution or school will be eligible to appoint institutional representatives to the Council. In addition, nurse educators who are administrative heads or coordinators of statewide systems are eligible for appointment as institutional representatives.

Section 4:

New schools in institutions which are regionally accredited will be eligible for immediate Council membership. If the institution is not regionally accredited, the nurse representative may attend Council meetings as a guest by paying a registration fee.

Section 5:

Council representation is non-transferable and includes only those persons designated as institutional or program representatives of member institutions.

Section 6:

Requests for institutional and/or program representatives, accompanied by the fee, will be received by the Council's Executive Committee.

Section 7:

The responsibilities of Council representatives are: attending periodic meetings of the Council, assisting in various regional nursing activities, keeping personally informed about regional needs and activities relating to nursing education and research and, as appropriate, keeping other members of the nursing faculty and college or university administration informed.

ARTICLE IV
DUES AND FEES

Section 1:

Each member institution participating in the Council shall pay annual dues in the amount designated by the Council for each institutional representative, i.e., the nurse educator who is administrative head of the institution's nursing program. In those states which have a statewide system for nursing education, each component school designating an institutional representative to the Council, will pay the annual membership dues. In addition, annual membership dues will be paid for the nurse educator responsible for coordinating the statewide system.

Section 2:

An institution in which the institutional representative to the Council appoints program representatives to the Council, i.e., directors of the institution's associate degree, baccalaureate, master's, doctoral, continuing education, and/or research programs, will pay an annual fee of one-half the annual membership dues for each appointee in addition to the annual membership dues for the institutional representative.

Section 3:

Representatives of new schools of nursing may attend Council meetings as guests, with a limit of one Council meeting, by paying a registration fee as determined by the Executive Committee of the Council.

ARTICLE V
OFFICERS AND DUTIES OF OFFICERS

Section 1:

The officers of the Council shall be a Chairman, a Vice-Chairman, and five Directors two of whom shall be appointed by the Executive Committee.

Section 2:

Officers of this Council shall perform the duties usually performed by such officers, together with such duties as shall be prescribed by the Council, by the Executive Committee, and by *Robert's Rules of Order, Newly Revised*, when not in conflict with the bylaws of this Council.

Section 3:

The Chairman shall:

a. Preside at all meetings of the Council and the Executive Committee.
b. With the approval of the Executive Committee, appoint the standing and special committees and their chairmen, except the nominating committee.

c. Be an ex-officio member of all committees, except the nominating committee.
d. In the event there is a vacancy in the office of Executive Director, the Chairman shall assume and/or delegate the duties of the Executive Director.

Section 4:

The Vice-Chairman shall:

a. Perform the duties of the Chairman in the Chairman's absence or inability to serve.
b. In the event of a vacancy in the office of Chairman, succeed to that office for the remainder of that term.

Section 5:

The Directors shall promote the objectives of the Council.

Section 6:

All officers shall deliver all Council papers and material in their possession to the newly elected successor within thirty (30) days after the annual meeting.

ARTICLE VI
NOMINATIONS AND ELECTION OF OFFICERS

Section 1:

a. At the annual meeting a nominating committee of five members shall be elected by a plurality vote of the membership.
b. It shall be the duty of this committee to nominate candidates for the offices to be filled at the next annual meeting.
c. In order to assure representation of various types of education programs and geographic areas, the nominating committee shall:
   1) In the even year, send a list of all representatives eligible for election to the representatives of each participating institution of the Council asking for nominations for the office of Chairman and two Directors.
   2) In the odd year, ask for nominations for the office of Vice-Chairman and one Director.

Section 2:

a. The committee may use the nominations made in helping to select the candidates but shall not be bound by the nominations.
b. The consent of the candidate to serve shall be obtained by the committee.

Section 3:

Only those representatives of the Council member institutions whose

dues are paid and who are entitled to one vote, shall be eligible for election.

Section 4:
The nominating committee shall make its report immediately following the opening exercises of the annual meeting. Before the election, additional nominations from the floor shall be permitted if the consent of the nominee has been obtained.

Section 5:
The officers shall be elected by ballot to serve for a term of two years or until their successors are elected, and their term of office shall begin at the close of the annual meeting at which they were elected.

Section 6:
No representatives shall hold more than one office at a time, nor be eligible to serve more than two consecutive terms in the same office.

ARTICLE VII
MEETINGS

Section 1:
The Council shall meet at least once each year.

Section 2:
The annual meeting of the Council shall be held in the fall of each year, the time and place to be determined by the Executive Committee.

Section 3:
Special meetings of the Council can be called by the Executive Committee and shall be called upon the written request of fifty-one (51) percent of the members of the Council. The purpose of the meeting shall be stated in the call. Except in cases of emergency, at least thirty (30) days notice shall be given.

Section 4:
One-third members of the Council, which shall include at least four members of the Executive Committee, shall constitute a quorum.

Section 5:
Attendance at Council meetings is at institutional expense.

Section 6:
If a representative who is not an officer is unable to attend a Council meeting, the representative may appoint an alternate who may participate and vote.

ARTICLE VIII
EXECUTIVE COMMITTEE

Section 1:

The officers of the Council, including the directors, shall constitute the Executive Committee.

Section 2:

The Executive Committee shall have general supervision of the affairs of the Council between its business meetings and perform such other duties as are specified in these bylaws.

Section 3:

The Executive Committee shall be subject to the orders of the Council, and none of its acts shall conflict with the action of the Council.

Section 4:

Meetings:

a. The Executive Committee shall meet at least once each year.
b. Special meetings of the Executive Committee can be called by the Chairman and shall be called upon the written request of four members of the Committee.
c. Four members of the Executive Committee shall constitute a quorum.

Section 5:

Duties of the Executive Committee shall be:

a. To prepare the budget for presentation and adoption at the annual meeting.
b. To select and appoint the Executive Director of the Council who shall operate under the personnel and administrative policies for Southern Regional Education Board staff.
c. To receive financial reports from the Executive Director and approve disbursements of funds.
d. To participate with the Executive Director in selection of professional staff for special projects of the Council.
e. To call special meetings of the Council.
f. To approve the appointment of all standing and special committees and their chairmen, except the nominating committee.
g. To fill any vacancy in the elective offices, except a vacancy occurring in the office of Chairman.
h. To complete the ballot in the event the nominating committee is unable to do so.
i. To review all requests for membership.
j. Using the criteria established by the Council under Article III, Membership, and also included in the Statement of Institutional

Participation, the committee shall either approve or disapprove the requests for membership.

Section 6:

Duties of the Executive Director shall be:

a. To perform those duties specified by these bylaws.
b. To perform duties usually expected of the position of Executive Director.
c. To be responsible for disbursement of Council funds as approved by the Executive Committee.
d. To serve as ex-officio member of the Executive Committee without vote.

ARTICLE IX
COMMITTEES

Section 1:

There shall be the following standing committee: Bylaws. The committee shall consist of at least three (3) members.

Section 2:

With the approval of the Executive Committee, the Chairman of the Council shall appoint such other committees, standing or special, as deemed necessary to carry on the work of the Council.

Section 3:

Duties of Committees:

a. Bylaws Committee
   1) To review the bylaws of the Council.
   2) To suggest and receive proposed amendments to the bylaws of the Council.
   3) After approval by the Executive Committee, submit the proposed amendments for action to the voting representatives at the annual meeting of the Council.
   4) Review "A Memorandum of Agreement Between the Southern Council on Collegiate Education for Nursing and the Southern Regional Education Board" and "A Statement of Institutional Participation Southern Council on Collegiate Education for Nursing" and present the findings to the Executive Committee for its information or action.
b. Nominating Committee
   1) To nominate candidates for the offices to be filled at the annual meeting.
   2) Annually, the nominating committee shall send a list of all persons eligible for election to the representatives to the Council, asking for nominations for the offices to be filled.

3) The committee may use the nominations made in helping to select its candidates, and shall not be limited to these nominations.
4) If possible, the committee shall meet to select its candidates. If it is not possible for the committee to meet, voting may be by mail or TELEPHONE CONFERENCE CALL, with minutes of conference call being mailed to each member of the committee.
5) To prepare the ballot for use at the annual meeting.
6) The ballot may be presented to the Executive Committee for information.

ARTICLE X
VOTING

Section 1:
All representatives to the Council are eligible to vote.

Section 2:
Institutional representatives are eligible for one full vote.

Section 3:
Program representatives are eligible for one-half (1/2) vote.

ARTICLE XI
PARLIAMENTARY AUTHORITY

The rules contained in *Robert's Rules of Order, Newly Revised,* shall govern the Council in all cases to which they are applicable and in which they are not inconsistent with these bylaws, "A Statement of Institutional Participation Southern Council on Collegiate Education for Nursing," "A Memorandum of Agreement Between the Southern Council on Collegiate Education for Nursing and the Southern Regional Education Board," and any special rules of order the Council may adopt.

ARTICLE XII
AMENDMENT OF BYLAWS

These bylaws can be amended at any annual meeting of the Council by a two-thirds (2/3) vote provided that the amendment has been submitted to the membership at least thirty (30) days prior to the annual meeting.

A Memorandum of Agreement

Between the Southern Council on Collegiate Education for Nursing and the Southern Regional Education Board

Introduction

This Memorandum of Agreement establishes procedures and conditions for regional cooperative activities in nursing in the Southern region to be pursued jointly by the Southern Council on Collegiate Education for Nursing and the Southern Regional Education Board (SREB).

I. Purpose

The Council, in affiliation with SREB, shall engage in cooperative regional planning and activities to strengthen nursing education in colleges and universities in the South.

II. Agreement

A. The Council agrees:

1. to establish an Executive Committee of seven members, two of whom shall be appointed by the Council's Executive Committee from term to term, and five of whom shall be elected by the Council.

2. to select and appoint, as well as retain or dismiss, the executive director of the Council, and to participate in the selection process of professional staff for special projects of the Council, and

3. to determine policy, program, and annual budget for the accomplishment of Council objectives.

B. SREB agrees:

1. to assume over-all administrative and fiscal responsibilities for the Council subject to the policies, program objectives and annual budget determined by the Council's Executive Committee, to include:

   a. assuming custody and management of Council funds, future collecting, and disbursing of funds from various sources for the Council with appropriate monthly accounting of such activities to the Council on the condition that said funds be collected, disbursed and managed only in pursuit of specific program objectives and with the Council approved annual budget;

b. investing Council funds within guiding principles stated by the Council with interest from such investments credited to the Council;

c. developing in cooperation with the Council such relationships and arrangements as necessary to facilitate the Council's activities;

d. soliciting jointly with the Council funds for effective operation of the Council's activities as determined by the Council's Executive Committee; and

e. locating the Council staff with SREB, such staff operating under personnel and administrative policies for SREB staff and various other special projects.

III. Duration of this Agreement

A. This Memorandum of Agreement shall become effective on June 1, 1975.*

B. This Memorandum of Agreement shall be reviewed after one year to determine if changes are necessary and such changes shall be brought to the Council for approval. Thereafter, this Memorandum of Agreement shall be reviewed biennially, with automatic renewal for the same term unless notice to terminate is given.

C. Either party may withdraw from this agreement on six month's written notice to:

Chairman, Executive Committee
Southern Council on Collegiate Education for Nursing
1340 Spring Street, N.W.
Atlanta, Georgia 30309

President
Southern Regional Education Board
1340 Spring Street, N.W.
Atlanta, Georgia 30309

Signed _____ _____

Chairman, Executive Committee
Southern Council on Collegiate Education for Nursing

President, Southern Regional Education Board

Date _____

*The 1984 document represents minor revisions of the agreement originally signed December 2, 1974.

Committees

ADVISORY COMMITTEE, 1962-63*
for the project,
Nursing Education and Research, 1962-66

Dr. Marcia A. Dake, University of Kentucky
Georgeen H. DeChow, Manatee Junior College
Dr. Ada Fort, Emory University
Sister Henrietta Guyot, Louisiana State University
Helen S. Miller, North Carolina College at Durham
Ruth Neil Murry, University of Tennessee
Faye Pannell, Texas Woman's University
Alice E. Smith, Columbia Union College

*Source: Belcher, 1968, p. 111

STEERING COMMITTEE
Council on Collegiate Education for Nursing, 1963-1966*

Alice E. Boehret, University of North Carolina at Greensboro (10/63-10/65)
Edith Brocker, University of North Carolina at Charlotte (10/65-10/67)
Vivian Duxbury, Florida State University (10/63-10/65)
Anastasia M. Hartley, St. Petersburg Junior College (10/64-10/66)
Lillian B. Harvey, Tuskegee Institute (10/65-10/67)
Julia Hereford, Vanderbilt University (10/64-10/65)
Etta Anne Hincker, Northwestern State College of Louisiana (10/66-)
Dr. Florence M. Hixon, University of Alabama (10/65-10/67)
Ann M. Jacobansky, Duke University (10/63-10/65)
Lillian K. Keith, Texarkana College (10/65-10/67)
Helen A. Meyer, University of Southwestern Louisiana (10/64-10/66)
Dr. Beulah E. Miller, Berea College (10/66-)
Ruth Neil Murry, University of Tennessee (10/63-10/64)
Faye Pannell, Texas Woman's University (10/63-10/64)
Betty Rudnick, University of Texas (10/66-12/66)
Sister M. Lucilla, Incarnate Word College (10/64-10/66)
Alice E. Smith, Columbia Union College (10/63-10/64)
Mary Lou Stromer, Catonsville Junior College (10/66-)
Dr. Doris B. Yingling, Medical College of Virginia (10/65-10/67)

Note: *Appointments to the steering committee were made in October of each year. Some appointments made in October 1966 were still in effect at the time of this writing.*

*Source: Belcher, 1968, p. 112

STEERING COMMITTEE, 1967-71*
SREB Council on Collegiate Education for Nursing

Persons whose term was extended from previous project

Etta Ann Hincker, Northwestern State College of Louisiana (10/66-6/68)
Dr. Beulah E. Miller, Berea College, (Kentucky) (10/66-4/68)
Mary Lou Stromer, Catonsville Community College (Maryland) (10/66-10/68)
Edith Brocker, University of North Carolina at Charlotte (10/65-10/67)
Dr. Lillian H. Harvey, Tuskegee Institute (Alabama) (10/65-10/67)
Dr. Florence H. Hixon, University of Alabama (10/65-10/67)
Lillian K. Keith, Texarkana College (Texas) (10/65-10/67)
Dr. Doris B. Yingling, Medical College of Virginia (10/65-10/67)

Persons newly appointed in 1967 or later

Dr. Hazle W. Blakeney, Virginia State College, Norfolk Division (10/67-4/68)
Lucy Erwin, Western Kentucky University (10/67-10/69)
Geddes McLaughlin, Baylor University (Texas) (10/67-10/69)
Dr. Marion Murphy, University of Maryland (10/67-10/69)
Christine Oglevee, University of Mississippi (10/67-10/69)
Amy E. Viglione, University of South Carolina (10/67-10/68)
Dr. Virginia Jarratt, Texas Christian University (6/68-10/70)
Adele H. Miller, Broward Junior College (Florida) (6/68-5/70)
Fostine G. Riddick, Hampton Institute (Virginia) (6/68-10/70)
Dorothy Brooks, Morris Harvey College (West Virginia) (10/68-10/70)
Dr. Eloise Lewis, University of North Carolina at Greensboro (10/68-10/70)
Dr. Lucy Conant, University of North Carolina at Chapel Hill (10/69-12/71)
Helen Patterson, University of Oklahoma (10/69-6/70)
Sr. Kathleen Mary Bohan, Spalding College (Kentucky) (10/69-12/71)
Mary Hardy, Grayson County College (Texas) (10/69-12/71)
Almeda Martin, St. Petersburg Junior College (Florida) (6/70-12/71)
Dr. Carl Miller, Southern Missionary College (Tennessee) (10/70-12/71)
Dr. Margaret Harty, Texas Woman's University (10/70-12/71)
Dr. Lorita Jenab, West Virginia University (10/70-12/71)
Rosella Deriso, Georgia Southwestern College (10/70-12/71)

*Source: Belcher, 1972, p. 27

INTERIM STEERING COMMITTEE
June 1972–November 1972

Doris M. Bates, Clayton Junior College, Georgia
Dr. Lucy Conant, University of North Carolina at Chapel Hill
Georgeen H. DeChow, Manatee Junior College, Florida
Dr. Virginia Jarratt, Texas Christian University
Dr. Gwendolyn MacDonald, University of Miami, Florida
Ruth Neil Murry, University of Tennessee at Memphis

STEERING COMMITTEE
1972-1975

Dr. Marie L. O'Koren, Chairman, University of Alabama in Birmingham
Dr. Sara K. Archer, Vanderbilt University, Tennessee
Margaret Armstrong, Meridian Junior College, Mississippi
Dr. Elois Field, University of Arkansas Medical Center
Gertrude Hodges, Community College of Baltimore, Maryland
Dr. Jewellean Mangaroo, Prairie View A&M University, Texas
Almeda B. Martin, St. Petersburg Junior College, Florida
Dr. Dorothy M. Talbot, University of North Carolina at Chapel Hill

EXECUTIVE COMMITTEE
Southern Council on Collegiate Education for Nursing
(1975–present)

Dr. Marie L. O'Koren, University of Alabama in Birmingham (Chairman 1975-79)
Georgeen H. DeChow, Manatee Junior College, Florida (1975-80)
Shirley Lee, Tidewater Community College, Frederick Campus, Virginia (1975-77)
Dr. Eloise R. Lewis, University of North Carolina at Greensboro (1975-79)
Dr. Gwendolyn R. MacDonald, University of South Florida (1975-77)
Dr. Glendola Nash, Houston Baptist University, Texas (1975-77)
Robert W. Vogler, Cleveland State Community College, Tennessee (1975-79)
Dr. Peggy J. Ledbetter, Northwestern State University, Louisiana (1978-80; Chairman 1982-84)
Dr. Doris H. Reese, Coppin State College, Maryland (1978-80)
Dr. Ruth V. Moran, University of South Carolina at Spartanburg (1978-80)
Dr. Sylvia E. Hart, University of Tennessee, Knoxville (Chairman 1979-82)

Marie L. Piekarski, University of Kentucky Community College System, Lexington (1979-81; 1984-86)
Dr. Janet A. Rodgers, Old Dominion University, Virginia (1979-80)
Almeda B. Martin, St. Petersburg Junior College, Florida (1980-82)
Dr. Martha Hearn, Samford University, Birmingham, Alabama (1980-82)
Dr. Nan Hechenberger, University of Maryland, Baltimore (1980-84)
Dr. Billye J. Brown, University of Texas at Austin (1980-82)
Nancy L. Mahoney, Northern Virginia Community College, Annandale (1980-81)
Dr. Georgie C. Labadie, Florida A&M University, Tallahassee (1980-81)
Dr. Myrna R. Pickard, University of Texas at Arlington (1980-82)
Dr. Patricia L. Starck, Troy State University, Alabama (1981-82)
Dr. Cora S. Balmat, Alcorn State University, Mississippi (1982-85; Chairman 1985-present)
Dr. Lois D. Gibson, Florida Junior College, Jacksonvile (1982-84; 1985-87)
Dr. Ellienne T. Tate, Southeastern Louisiana University (1982-84)
Patsy O. Turner, Kentucky State University, Frankfort (1982-84)
Dr. Dorothy M. Damewood, University of Texas Medical Branch, Galveston (1982-84; Chairman 1984-85)
Dr. Rita M. Carty, George Mason University, Virginia (1984-85)
Dr. Helen A. Dunn, Louisiana State University Medical Center, New Orleans (1984-86)
Ann Larowe, University of Arkansas, Little Rock (1984-87)
Janet A. Sipple, Lander College, South Carolina (1984-85)
Gerry H. Green, Santa Fe Community College, Florida (1985-present)
Dr. Opal S. Hipps, East Tennessee State University, (1985-present)
Bobbie Anderson, Hinds Junior College District, Mississippi (1986-present)
Dr. Amanda Baker, Troy State University, Alabama (1986-present)